

AUG 7 1941
Registration District No. 875-

Primary Registration District No. 6160

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural (Center) Va
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada, Mo Rt. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 yrs
years, months or days)

3. (a) PRINT FULL NAME Frank Layten

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Layten 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 19, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace unknown (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Sarah Layten

(b) Address Nevada Mo Rt. 3

17. (a) Burial (b) Date thereof 7/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Merigo, Mo

19. (a) 8-1-41 (b) Allen O. Kays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nevada, Mo Rt. # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 7:15 minutes PM

21. I hereby certify that I attended the deceased from July 28
1941 to July 22 1941
that I last saw him alive on July 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
due to hypertensive
cardiostenosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None
Of operations _____
Of autopsy _____

Duration 3 mo
2 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
(e) Means of injury _____
23. Signature Allen O. Kays (M. D. or other) _____
Address Nevada Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0080

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1221

Date Filed 8-5-41

DEC 28 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd R. Winick

Licensed Embalmer No.

3857

P. O. Address

Keokuk, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.