

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27558

State File No. _____

3216

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Hammond City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. J.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks 2 mos 1 day
(Specify whether life)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 S. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D.

3. (a) PRINT FULL NAME Layford, Frank

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Yegno 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 20 22
(Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 20³
If less than one day 20 hr. _____ min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School-boy

11. Industry or business _____

12. Name Alce Layford

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

14. Maiden name Albena Jordan

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

16. (a) Informant K.C. J.B. Hoop

(b) Address Leads, Missouri

17. (a) Burial (b) Date thereof 8 28 MAI
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 8726/4

19. (a) 8/26/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5/10/41
_____ 19____ to 8/23 1941;

that I last saw him alive on 8/23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration 1 1/2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. E. Hoop (M.D. or other) _____

Address K.C. J.B. Hospital Date signed 8/23/41

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

MOTHER FATHER

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

L. L. Harris, Sr.

Licensed Embalmer No. *3388*

P. O. Address *R. C., Md.*

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

If this body is not embalmed, fact should be so stated above.