

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7531  
Registrar's No. 8

Registration District No. 6872

Primary Registration District No. 5912 4408

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH:**  
 (a) County Pike  
 (b) City or town Bowling Green, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Pike  
 (c) City or town Bowling Green  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Main W.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Minnie G. Layne  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. 770

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 20  
 year 1942 hour 12 minute 5 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife X  
 6. (c) Age of husband or wife if alive 4 years

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 1928, to Feb 20, 1942;  
 that I last saw him alive on Feb 20 - 1942, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**7. Birth date of deceased:** Sept 7 1891  
 (Month) (Day) (Year)

Immediate cause of death Coronary Insufficiency  
 Due to Myocarditis chronic  
 Due to Myocarditis chronic and Hypertension  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 70 Months 6 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace:** Smith Co Mo  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation:** Housekeeper  
**11. Industry or business:** \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: 1218  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 { **12. Name:** Powhatan Layne  
**13. Birthplace:** Amherst Co Va  
 (City, town, or county) (State or foreign country)  
**14. Maiden name:** Mother Simpson  
**15. Birthplace:** Amherst Co Va  
 (City, town, or county) (State or foreign country)  
**16. (a) Informant's own signature:** Betty Layne  
**(b) Address:** Bowling Green Mo  
**17. (a) Burial** (b) Date thereof 2 22 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** burial or cremation Ashley Grace Bankhead  
**18. (a) Signature of funeral director:** \_\_\_\_\_  
**(b) Address:** Bowling Green Mo  
**19. (a) Feb 28 1942** (b) Miss Frank Hada  
 (Date received local registrar) (Registrar's signature)

**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) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
**23. Signature:** J. M. Matthews M.D. (M. D. or other)  
 Address Bowling Green Mo Date signed 2/22/42

RECEIVED

District Health Office No. 10

District File Number 10-42-300

Date Filed 3-10-42

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**