

FILED APR 20 1942
Registration District No. 7

Primary Registration District No. 6198

Registrar's No. 6

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

112
6
0

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town Rural - Ozark Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether)
 In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Ozark Township
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: X

3. (a) PRINT FULL NAME Manuel Layton
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

4. Sex Male 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 X years
 7. Birth date of deceased: January - 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months X Days X
 If less than one day: X hr. X min.

9. Birthplace: Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Earn Shaeffer

(b) Address: Hiangua, Mo

17. (a) Burial (b) Date thereof: March 4 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Marshfield

18. (a) Signature of funeral director: Jay James

(b) Address: Marshfield, Missouri

19. (a) 4/1/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 1942 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 21 1941 to Feb. 28 1942
 that I last saw him alive on December 14 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency
Cardio-Vascular-Renal Disease Duration Years

Due to: 131a

Due to: 131a

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

Major findings:
 Of operations:
 Of autopsy: No

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) Means of injury
 23. Signature: C.P. Macdonnell (M. D. or other) M.D.
 Address: Marshfield, Mo Date signed: 3/1/42

RECEIVED

District Health Officer No. 6,

District File Number 442-518

Date Filed APR 14 1942

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

Jex Rainey

Licensed Embalmer No. 6312

P. O. Address

Marshfield, Ma.

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.