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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 27 1942 819

Registration District No.

Primary Registration District No. 4589

Registrar's No.

1. PLACE OF DEATH:

(a) County SCOTT
(b) City or town VANDUSER, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
VANDUSER, MISSOURI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT
(c) City or town VANDUSER
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22
year 1942 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from
4/22/42 19 to 4/22/42 19
that I last saw him alive on 4/22/42 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME HARRY LAYNE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

Immediate cause of death Angina Pectoris
Duration

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA LAYNE
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased FEBRUARY 9 1898
(Month) (Day) (Year)

Due to
Due to

8. AGE: Years 47 Months 2 Days 15
If less than one day
hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace BOLLINGER CO. MISSOURI
(City, town, or county) (State or foreign country)

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

10. Usual occupation CIVIL SERVICE
11. Industry or business MACHINIST

MOTHER FATHER { 12. Name WILLIAM LAYNE
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name NANCY GIRPLEY
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Layne
(b) Address Vanduser, Mo.

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 X

17. (a) Removal (b) Date thereof 4-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MORRISON, MISSOURI

18. (a) Signature of funeral director WELSH FUNERAL HOME
(b) Address SIKESTON, MISSOURI

23. Signature M. C. Mill (M. D. or other) DO
Address Sikeston Mo Date signed 4/23/42

19. (a) (b) (c) (Registrar's signature) 1042

1042 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 542-57

Date Filed 5-12-42

JUL 2 - 1942

JUL 2 - 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..... *Raymond Crews*.....

Licensed Embalmer No. 3467

P. O. Address..... *Sikeston Mo*.....

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.

Registration District No. 819

Primary Registration District No. 4589

Registrar's No. _____

1. PLACE OF DEATH: Scott
 (a) County Jackson
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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)
 In this community _____

3. (a) PRINT FULL NAME Harry Layne
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 9 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days _____
(If less than one day _____ min.)

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

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 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 _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) July 14 1942 (b) Mrs W Jester
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____, 1942 year _____, hour _____, minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) (c) Means of injury

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

THE HISTORY OF THE
CITY OF BOSTON

The history of the city of Boston is a story of growth and resilience. From its founding as a small settlement of Puritan settlers, it has become one of the most important cities in the United States. The city's location on a narrow neck of land between the harbor and the mainland has shaped its development. The harbor provided a natural center for trade and commerce, while the surrounding land offered protection and space for expansion. Over the centuries, Boston has been a center of education, industry, and political activity. The city's rich cultural heritage is reflected in its numerous museums, libraries, and historical landmarks. The city's role in the American Revolution and the Civil War is a testament to its enduring spirit and commitment to freedom and justice. Today, Boston continues to be a vibrant and dynamic city, attracting people from all over the world. Its history is a source of pride and inspiration for its residents and visitors alike.