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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED DEC 19 1942 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 31

Registration District No. 78 Primary Registration District No. 4163

1. PLACE OF DEATH:
(a) County Daviess mo
(b) City or town Jamesport mo
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess
(c) City or town Jamesport
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM-FLEICHER LAYSON
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 13 year 1942 hour 8 0 clock minute P.M.
21. I hereby certify that I attended the deceased from Sept. 21 1942 to October 11 1942
that I last saw him alive on October 11 1942 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Sarah Jane
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 10 27 1868
(Month) (Day) (Year)

Immediate cause of death Endocarditis
Probably 5 yrs
Due to Arteriosclerosis
Probably 10 yrs
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
73 - 10 27 _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
92d
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer
11. Industry or business _____
12. Name William Wesley Larson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Adams
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Jane Larson
(b) Address Jamesport
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 42 (Month) (Day) (Year)
(c) Place: burial or cremation mausoleum

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? _____

18. (a) Signature of funeral director H.S.P. Nelson
(b) Address Jamesport
19. (a) Nov. 6 1942 (Date received local registrar) (b) W. D. Richerson (Registrar's signature)

23. Signature R. V. Thompson (M. D. or other)
While at work? _____ (Specify type of place) (a) Means of injury _____
Address Jamesport, MO. Date signed 10-21-42

1034 (Licensed Embalmer's Statement on Reverse Side)

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

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 H. S. P. Person

Licensed Embalmer No. 3001

P. O. Address. Jamesport

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.