

FILED DEC 5 1942  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 843

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William Howard Layson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife wife: Emma Jane Layson

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: March 27 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>27</u>	hr. _____ min.

9. Birthplace Harrison Co. Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James F. Layson

13. Birthplace unknown Indiana /  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Adams

MOTHER FATHER { 15. Birthplace unknown Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Jane Layson

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof 11/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Springs Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield Missouri

19. (a) 11-27-42 (b) J. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 1237 Washington Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1942 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 18, 1942 to November 24, 1942 that I last saw him alive on November 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the liver. Duration 6 months

Due to Obstruction of sigmoid from metastasis to retroperitoneal glands, which surrounded sigmoid. 3 months.

Other conditions 46 D  
(Include pregnancy within 3 months of death)

Major findings: Colostomy. **PHYSICIAN**  
Of operations Underline the cause to which death should be charged statistically.  
Of autopsy: Carcinoma of liver; metastasis to retroperitoneal glands

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 Jesse B. Webb (M. D. or other) \_\_\_\_\_

Address Springfield, Mo. Date signed 11/27/42

**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

*Wayne Finckle*

Licensed Embalmer No. *3444*

P. O. Address *Springfield 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.**