

3. No. 2  
1-5-42  
5-17-39  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1935

FILED FEB 5 1943

State File No. ....

Registration District No. ....

Primary Registration District No. 6266

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Sparta Rural  
(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  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian  
(c) City or town Sparta Rural  
(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.....

3. (a) PRINT FULL NAME ETTA GEORGIA LAYTON

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ira Layton 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased OCT. 6 - 1904  
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Housework

MOTHER FATHER  
11. Industry or business

12. Name James S. Hall  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name Hilda C. Osburn  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Garrison  
(b) Address Sparta Mo

17. (a) Jan 21st (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Boston Cemetary

18. (a) Signature of funeral director Oth Kambura

(b) Address Sparta Mo

19. (a) 2-4-1943 (b) Wm S. M. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1943 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Thrombosis

Due to.....  
Due to.....

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

Major findings: Of operations..... 94a  
Of autopsy.....

Duration

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) (e) Means of injury.....

23. Signature M. P. O'Connell (M. D. or other)  
Address Sparta Mo Date signed 1-21-1943

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.....

*T. B. Chaffin*

Licensed Embalmer No.....

*2192*

P. O. Address.....

*Ozark, 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.**