. No. 2
—1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11068

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 125 East Saline (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 125 East Saline (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl Layman

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary Scott Layman

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 23, 1889 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired - Gov't pension

11. Industry or business

FATHER
12. Name Samuel Layman
13. Birthplace Seversville, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Cunningham
15. Birthplace Chariton, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Layman (wife)

(b) Address 125 East Saline, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 3/26/43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 6:30 minute P. M.

21. I hereby certify that I ~~attended~~ viewed body of the deceased from on March 24, 1943, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Died very suddenly evidently from organic heart disease probably Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Bishop Coroner (M. D. or other)

Address Sedalia Mo Date signed 3-26-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Number
3-29-43

APR 12 1943

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 A. J. Piper

Licensed Embalmer No. 1407

P. O. Address Fedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.