

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

MAILED MAY 7 1943

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: DePaul Hospital
(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..... Perry
(c) City or town..... Perryville
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas H. Layton

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased..... Mar. 8 1899

8. AGE: Years Months Days If less than one day
44 1 15 hr. min.

9. Birthplace..... Perryville Mo.

10. Usual occupation..... Farmer

11. Industry or business.....
12. Name..... George F. Layton

13. Birthplace..... Mo.

14. Maiden name..... Mary McDowell

15. Birthplace..... Mo.

16. (a) Informant..... Albert Bey

(b) Address..... Perryville Mo.

17. (a) Burial (b) Date thereof. 4-30-43

(c) Place: burial or cremation..... Perryville Mo.

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

(b) Address..... Perryville Mo.

19. (a) APR 30 1943 (b) F. Bedeck

MEDICAL CERTIFICATION

20. DATE OF DEATH Month..... April day..... 27th
year..... 1943 hour..... 4:00 minute.....

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

Immediate cause of death..... Cerebral thrombosis

Due to..... Cerebral Arteriosclerosis

Other conditions.....

Major findings: Of operations.....

Of autopsy.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... Means of injury.....

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

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 12 1943

1 to 4
Humboldt Bell
Wm H. B. Stevenson

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..... *Albert Bell* ..
..... Licensed Embalmer No. *3866* ..
..... P. O. Address..... *Perryville, 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.