V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15167

Registration District No. 295 APR 16 1943

Primary Registration District No. 6013

Registrar's No. 17

88
0
0

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

1. PLACE OF DEATH:
(a) County Charit Randolph
(b) City or town Rural (Clifton Hill Tus)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 near Clifton Hill Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88 0
(c) City or town 7 miles North East Salisbury
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME William Emery Lay
3. (b) If veteran, name war ✓
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 Georgia Lay
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March (Month) 26 (Day) 1875 (Year)

8. AGE: Years 67 | Months 11 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Chariton County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER
12. Name J. Frank Lay
13. Birthplace Randolph County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Manny Robertson
15. Birthplace Howard County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Wm E. Lay
(b) Address Clifton Hill, Mo. Route 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill Cemetery
18. (a) Signature of funeral director Geo. Winkelmeyer
(b) Address Salisbury, Mo.
19. (a) 3-19-43 (Date received local registrar) (b) Mrs. P. O'Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1943 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 20, 1943 to March 10, 1943
that I last saw him alive on March 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	2 mos
Due to arteriosclerosis 93d	
Due to	
Other conditions R. Facial paralysis (Include pregnancy within 3 months of death)	2 mos

Major findings:
Of operations none
Of autopsy none

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ✓

23. Signature P. O'Dreyer (M. D. or other) M. D.
Address Huntsville, Mo. Date signed 3/19/43

1027

(Licensed Embalmer's Statement on Reverse Side)

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~~ K. R. Hinkelmayer, Registered Apprentice No. ....., working under my personal supervision.

RECEIVED
District Health Officer No. 10
District File Number 4-43-763
Date Filed APR 15 1943

Signed Kirk R. Hinkelmayer
Licensed Embalmer No. 398
P. O. Address Salisbury, 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.