

FILED JUN 8 1943

Registration District No. 126

Primary Registration District No. 4254

Registrar's No. 15

51  
00

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

1. PLACE OF DEATH

(a) County Johnson

(b) City or town Knob Noster, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Lay

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married 2 divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May - 26 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife Retired

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

12. Name Daniel M. Wyrick

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Suzerda Messersmith

15. Birthplace Colo. Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ozell Libert

(b) Address Knob Noster Mo.

17. (a) Burial  
(Burial, cremation, removal)

(b) Date thereof May 3 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation City of Knob Noster, Mo.

18. (a) Signature of funeral director C. P. Sauls

(b) Address Knob Noster Mo.

19. (a) May 29 1943 (b) Mrs C. P. Sauls  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

(c) City or town Knob Noster  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour 6:00 minute 9 M.

21. I hereby certify that I attended the deceased from April 5 1943 to May 29 1943 that I last saw her alive on May 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Thyroid Gland

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Other Valvular disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy \_\_\_\_\_

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 H. W. Groves (M. D. or other) Med

Address Knob Noster Mo Date signed May 31

1346

-436

RECEIVED

District Health Officer No. 8, *M*

District File Number .....

Date Filed *6-2-43* .....

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 *C. L. Saults* .....

Licensed Embalmer No. *1086* .....

P. O. Address *Knob Hostler M* .....

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.