No. 2
42
7-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18847

FILED JUN 14 1943

Registration District No. ..... Primary Registration District No. 6020 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Stet ~~Hardin Rural~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crooked River
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Hardin
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Gordie Everett Layman

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 Bertha

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 5 (Day) 1884 (Year)

8. AGE: Years 59 Months 5 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Rockingham Co Va. (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

MOTHER FATHER

12. Name Bush R. Layman

13. Birthplace Rockingham Co Va (City, town, or county) (State or foreign country)

14. Maiden name Lida Bowman

15. Birthplace Rockingham Co, Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gordie Layman
(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Wakenda Cemetery.

18. (a) Signature of funeral director John W. Kruse Ruhl
(b) Address Hardin Mo

19. (a) May 1 1943 (Date received by local registrar) (b) Mrs Chas W Shipley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26th year 1943 hour 11 00 minute A M.

21. I hereby certify that I attended the deceased from Dec 1942 to Apr 26 1943 that I last saw him alive on Apr 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Myocardial Disease	
Auricular Fibrillation	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Carl H Reed (M. D. or other)
Address Hardin Mo Date signed 4/28/43

(Licensed Embalmer's Statement on Reverse Side)

:LEIVED
..trict Health Officer No. 8,
..trict File Number
Date Filed 6-11-43

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 me, Registered Apprentice No. , working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin 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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Ray

(b) City or town HARDIN (RURAL) (CROOKED RIVER)
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Goodie Everett Layman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 5 (Day) 1868 (Year)

8. AGE: Years 59 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 26 year 1943 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-18847