

FILED NOV 13 1943

Registration District No. 38

Primary Registration District No. 3066

0  
2  
4

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: University  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Laye, Charles Marion Jr

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or Race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 13 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Mr. Charles Laye

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

14. Maiden name Miss Marjorie Blackwell

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

16. (a) Informant Father

(b) Address 109 1/2 East Coates, Moberly, Mo

17. (a) Funeral (b) Date thereof 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

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

(b) Address Moberly, Mo.

19. (a) 10-19-43 (b) E. Alva H. Zuercher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 1/2 East Coates  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month October day 18 year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from same 1943 to same 1943 that I last saw him alive on Oct 18 and that death occurred on the date and hour stated above.

Immediate cause of death  
Terminal Bronchitis  
Pneumonia  
Due to melena  
neonatal  
Due to Difficult  
Fetal delivery  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy NA

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 205 Exchange Bldg Date signed 10/18/43

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**