

FILED DEC 11 1943
Registration District No. 11-1349

Primary Registration District No. 2000

Registrar's No. 965

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **55**

(a) State **Missouri** (b) County **Lancaster**

(c) City or town **Miller**
(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 **James Layne**

3. (b) If veteran, name war **unk.** 3. (c) Social Security No. **110**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **30**
year **1943** hour **12** minute **05** A.M.

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased: **5** - **15** - **1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-24** 19**43** to **11-30** 19**43**
that I last saw him alive on **11-29** 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **6** Days **15** If less than one day _____ hr. _____ min.

Immediate cause of death: **Ruptured appendix**
acute peritonitis

Due to _____

Due to _____

9. Birthplace: **Unknown** **Mo.**
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: **Farmer**

11. Industry or business: **Farmer**

12. Name: **Birk Layne**

13. Birthplace: **unk.** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary E. Hankins**

15. Birthplace: **unk.** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Jack Kerner**

(b) Address: **Miller Mo.**

17. (a) _____ (b) Date thereof: **12-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Meister**

18. (a) Signature of funeral director: **Morris Lession**

(b) Address: **Miller Mo.**

19. (a) **12-1-43** (b) **W. W. Handley**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
Means of injury: _____

23. Signature: **Walter Smith** (M. D. or other) **MD**

Address: **Springfield Mo.** Date signed: **11-30-43**

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 *S. R. Luman*

Licensed Embalmer No. *3297*

P. O. Address *Miller 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.