

FILED JAN 3 1944

Registration District No. 178

Primary Registration District No. 1284

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town LaBelle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town LaBelle (If outside city or town limits, write "RURAL")  
(d) Street No. none (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Anna Layton

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife William Layton 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased March 16th, 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 27 hr. min.

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

10. Usual occupation Housekeeping at Home

11. Industry or business  
12. Name Thomas Loudermilk  
13. Birthplace Lewis Co. Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Estelle Mitchell (City, town, or county) (State or foreign country)  
15. Birthplace Lewis Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Joe Layton (b) Address LaBelle Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Elm Grove Cemetery LaBelle, Mo.

18. (a) Signature of funeral director Norman D. Cooper (b) Address LaBelle, Missouri

19. (a) 12-15-43 (Date received local registrar) (b) P. St. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1943 hour 9:15 minute P. M.  
21. I hereby certify that I attended the deceased from Dec 15th 1943 to Dec 13, 1943

that I last saw h. alive on ....., 19 .....

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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. R. M. M. Kim (M. D. or other)

Address LaBelle Date signed 12/15/43

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

MOTHER FATHER

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**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 Norman D. Coder  
Licensed Embalmer No. 3721  
P. O. Address LaBelle, Missouri

**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.**