

FILED FEB 10 1944

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **17**

1. PLACE OF BIRTH:

(a) County **Cape Girardeau**  
(b) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **St. Francis**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 weeks**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Portageville Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **West of Portageville Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **Walter M. Laymons**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruby Laymons** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Aug 8 1894**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **5** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

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

12. Name **Arthur Laymons**

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

14. Maiden name **Arthur**

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

16. (a) Informant **Mrs. Ruby Laymons**  
(b) Address **Carroll, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-15-1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Mo.**

18. (a) Signature of funeral director **W. H. Chan**  
(b) Address **Portageville Mo.**

19. (a) **1-19-44** (Date received local registrar) (b) **W. H. Phelps** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13** year **1944** hour **9** minute **30** a.m.

21. I hereby certify that I attended the deceased from **12-11-1943** to **1-13-44** 19 **44**  
that I last saw him alive on **1-13-44** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colon**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **Carcinoma of Colon**  
Of autopsy \_\_\_\_\_

Duration

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 **W. H. Chan** (M. D. or other) **no**  
Address **Cape Girardeau Mo.** Date signed **1/18/44**

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

MOTHER FATHER

RECEIVED FEB 10 1944

District Health Officer No. \_\_\_\_\_

District File Number 244-3393

Date Filed 2-9-44

STATEMENT BY LICENSED EMBALMER

*not*

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 *Noel C. Deane*

Licensed Embalmer No. 3941

P. O. Address *Portageville 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.