

V. S. No. 2  
 FORM—9-43  
 Rev. 5-17-39  
 I X37823

28969

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5007

Registrar's No. 190

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

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Kirksville, --Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rural Route No. 5 Sult Row tuff  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Route No. 5  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. 0

3. (a) PRINT FULL NAME Margaret Jane Lay  
 (b) If veteran, name war. \_\_\_\_\_  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 19  
 year 1944 hour 3:45 minute P: M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife John Lay  
 (c) Age of husband or wife if alive 5 years 1867  
 7. Birth date of deceased Feb. 5 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1944 to July 17, 1944  
 that I last saw her alive on 7-17, 1944  
 and that death occurred on the date and hour stated above  
 Immediate cause of death Cancer of stomach Duration

8. AGE: Years 77 Months 5 Days 15  
 If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Schuyler Co. Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions H6h  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Aaron Hamilton  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Lay  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Martin Scott  
 (b) Address Greentop, Mo.  
 17. (a) Burial (b) Date thereof 7/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Harmony Cemetery

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 0

18. (a) Signature of funeral director D. R. Ellis  
 (b) Address Kirksville, Mo.  
 19. (a) 8-4-44 (b) Mrs. J. L. Wagoner  
(Date received local registrar) (Registrar's signature)

23. Signature R. R. Ellis (M. D. ~~\_\_\_\_\_~~)  
 Address Kirksville, Mo. Date signed 7-24-44

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8-44-1395

Date Filed AUG 9 1944

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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kentville Md

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.