

Registration District No. 228 Primary Registration District No. 6148 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, R# 2
(c) Name of hospital or institution Carson
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 10-2
(c) City or town Bloomfield Route # 2. (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
year 1944 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 18 1944 to Dec 19 1944
that I last saw him alive on Dec. 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Blue Baby

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature S. J. Davis (M. D. or other)
Address W. E. Davis M.D. Date signed 2/19/45

3. (a) PRINT FULL NAME BURLEIGH SAMUEL LAYTON

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Dec. 18, 1944 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 7 hr. min.

9. Birthplace Bloomfield, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation -----

11. Industry or business -----

12. Name Eddie Layton

13. Birthplace Bloomfield, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Edna Russel

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

16. (a) Informant Eddie Layton (Father)

(b) Address Bloomfield, Mo. Route # 2.

17. (a) Burial (b) Date thereof Dec. 19-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Link cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Jan 2 1945 (Date received local registrar) Pearl Elmore (Registrar's signature)

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

1300

RECEIVED

District Health Office No. 2,

District File Number 145-87

Date Filed 6-16-45

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 Infant was not embalmed.

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, fact should be so stated above.