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7-5-17-39  
X37823

42696

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
FILED JAN 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 356

Primary Registration District No. 6209

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Presbyterian

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 2 weeks years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas

(c) City or town Rural

(d) Street No. near Lyone, Mo.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS LAY

3. (b) If veteran, name war

3. (c) Social Security No.         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-10 1940 to 12-26 1945

that I last saw him alive on 12-26 1945 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Cynthia Jane

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 26 1869

(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to Chronic arteriosclerosis & Chronic Hypertension heart disease

8. AGE: Years 76 Months 0 Days 0 If less than one day hr. min.

Duration 3 yrs.

Due to Chronic arteriosclerosis & Chronic Hypertension heart disease 10 yrs.

9. Birthplace Texas Co. Mo.

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy         

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Lay

13. Birthplace Tenn.

(City, town, or county) (State or foreign country)

14. Maiden name Orusilla Atkins

15. Birthplace Tenn.

(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Beane Mayfield

(b) Address Houston, Tex.

17. (a) Burial (b) Date thereof 12/28/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek

23. Signature H. R. Rosy (M. D. or other) W. O.

Address Houston, Tex. Date signed 12-31-45

18. (a) Signature of funeral director Garfield V. Elliott

(b) Address Houston, Mo.

19. (a) Dec 31, 1945 (b) Myrtle Craig

(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

1384

RECEIVED

District Health Officer No. 5,

District File Number

146102

Date Filed

1, 17, 1946

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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

*Frank E Wood*

Licensed Embalmer No.

4024

P. O. Address,

*Houston, 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.**