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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10007  
Registrar's No. 29

FILED APR 15 1946

Registration District No. 184 Primary Registration District No. 2038

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

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mc Carney Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn 58  
(c) City or town Laclede  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT J. LAYWOOD  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 28 year 1946 hour 10 minute 45 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lenora Gaywood 6. (c) Age of husband or wife if alive Alone years  
7. Birth date of deceased: August 8 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 24 1946 to Feb 28 1946  
that I last saw him alive on 2-28 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 6 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary occlusion Duration 10 min  
Due to Permeable Artery 5 yr

9. Birthplace Wayne County Michigan  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Newspaper Editor

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Henry Gaywood 4  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Elysa Cook  
15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

Major findings: Of operations 940  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Viria Rowland  
(b) Address Rout 1, Brookfield, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laclede, Mo. Cem  
18. (a) Signature of funeral director Mc Shann  
(b) Address Laclede, Linn Co. Mo.  
19. (a) 3/2/46 (b) Evelyn Kelley, Deputy  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 2 DD  
23. Signature Albert J. Laywood (M. D. or other) \_\_\_\_\_  
Address Brookfield Date signed 3/1

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 me  
My Sharme, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed My Sharme

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.