

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27632

Registration District No. 383 Primary Registration District No. 5655 State, File No. \_\_\_\_\_ Registrar's No. 111

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt Vernon Mo  
(c) Name of hospital or institution: Missouri State Sanatorium  
(d) Length of stay: In hospital or institution 601 days  
In this community 601 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Mt Vernon  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Madeen Layson  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 16 year 1946 hour 7:03 minute a M.

4. Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James G Layson  
6. (c) Age of husband or wife if alive unknown  
7. Birth date of deceased Oct 12th 1919

21. I hereby certify that I attended the deceased from Nov 22' 44 to July 16' 46  
that I last saw her alive on July 16 and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 9 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Honey Grove Texas  
10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_  
Major findings: Bilat Ulcerascense  
The Lungs, the intestines  
Of autopsy: Myocarditis Pancreas  
Cloudy Swelling of Yisera

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name J B McKee  
13. Birthplace Honey Grove Texas  
14. Maiden name Dora Cransfield  
15. Birthplace Monktona Texas

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

16. (a) Informant E. M. McNeil  
(b) Address Mo State San Mt Vernon Mo  
17. (a) Funeral (b) Date thereof July 16' 1946  
(c) Place: burial or cremation Paris Texas

(c) 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 \_\_\_\_\_

18. (a) Signature of funeral director Geo. B Orr  
(b) Address Mt Vernon Mo  
19. (a) July 16' 46 (b) J. W. Phillips

23. Signature J. F. Fujikawa (M. D. or other) MD  
Address Mt Vernon Mo Date signed 7/16/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26471

RECEIVED

District Health Officer No. 6,

District File Number 846-830

Date Filed AUG 2 - 1946

REC 28

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 George B Orr

Licensed Embalmer No. 946

P. O. Address 9 Mt Vernon 7 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.