

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED SEP 25 1946** STANDARD CERTIFICATE OF DEATH

State File No. 31227

Registration District No. 316

Primary-Registration District No. 3059

Registrar's No. 297

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bonne Terre Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Flat River  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Julia Ann Francis Layne

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

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive -- years  
Deceased  
7. Birth date of deceased December 14 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1946 hour 11:15 minute P.M.  
21. I hereby certify that I attended the deceased from Sept 12  
1946 to Sept 17 1946  
that I last saw her alive on Sept 17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death B. latera 1 Broncho pneumonia  
Duration 4 days

8. AGE: Years Months Days If less than one day  
76 9 3 hr. min.

9. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John Belcher  
13. Birthplace Richmond, Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Meridith  
15. Birthplace Richmond, Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Fuel Oder

(b) Address Flat River, Missouri

17. (a) Burial (b) Date thereof Sept-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor Ave Flat River, Mo

19. (a) 9-20-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
107

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).....  
(c) Means of injury.....  
23. Signature [Signature] (M. D. or other) MD  
Address [Signature] Date signed Sept 18 1946

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

30000

RECEIVED

Director Health Officer No. 4  
District File Number 946-2653  
Date Filed 9-24-46

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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 Murphy L. Sparks  
Licensed Embalmer No. 4236  
P. O. Address Latimer 9110

**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.**