S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12945

FILED MAY 5 8 1947

Registration District No. 8 1947 Primary Registration District No. 5318 Registrar's No. 8

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town OTTERVILLE RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #1, LEBANON, TWN.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COOPER 27

(c) City or town OTTERVILLE RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D #1 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME WILSON LESLIE LAYNE

3. (b) If veteran, name war .....

3. (c) Social Security No. 499-09-7084 A

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARIA

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased OCT. (Month) 15 (Day) 1880 (Year)

8. AGE: Years 66 Months 5 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name ALEXANDER LAYNE
13. Birthplace SYRACUSE (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name FANNY McCLAIN
15. Birthplace BUNCETON (City, town, or county) Mo (State or foreign country)

16. (a) Informant MRS. LESLIE LAYNE
(b) Address OTTERVILLE Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation MEM PARK SEDALIA

18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia, Mo

19. (a) 4-10-47 (Date received local registrar) (b) Nellie Mullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 - 1947, 19..., to Apr. 4, 1947
that I last saw him alive on Apr 4 - 1947, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death diffuse coronary sclerosis with diffuse mocardial

Due to Impairment

Due to .....

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

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

Duration 2 yrs

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

94A

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Robt Fogle (M. D. or other) MD

Address Otterville Mo Date signed 4/7 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di... ...ealth Officer No. 8,
Distric... ...o Number
Date Filed 5-2-47

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.