

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19723

State File No. _____

Registration District No. 317

Primary Registration District No. 6066

Registrar's No. 1068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 5-12-47
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LAYMAN, Joseph McB.

3. (b) If veteran, name war World War I 3. (c) Social Security No. 338-20-7759

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 9 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Monticello, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Foreman

11. Industry or business _____

12. Name James McBeath Layman

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Emiline Canfield

15. Birthplace Pickway, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Veterans Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 5/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winamac, Indiana

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) 5-16-47 (b) Carl E. Stepp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1947 hour 6:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-12-47 19., to 5-13-47 19.;
that I last saw him alive on 5-13-47 19.;
and that death occurred on the date and hour stated above.

Immediate cause of death HEMORRHAGE, CEREBRAL.

Due to 930

Due to _____

Other conditions HYPERTENSION, ARTERIAL, SYSTEMIC.

Major findings: Of operations No operations

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 1

23. Signature L. E. Stepp (M. D. or other) _____

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5-14-47

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

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

MOTHER FATHER

JUN 18 1947

SEP 30 1947

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address: *7814 S. Broadway*

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.