S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 38536

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Pronounced dead upon arrival at Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 Ralston 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EDWARD C. LAYTON

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Nellie Layton

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

7. Birth date of deceased Oct. 13, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	20	hr. min.

9. Birthplace Erie, Penna. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Heater

11. Industry or business Sheffield Steel Corp

FATHER
12. Name unknown 9
13. Birthplace (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Lucile J. Larson

(b) Address 1300 Ralston Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Indep. Mo.

18. (a) Signature of funeral director Geo C Larson

(b) Address Independence, Mo.

19. (a) 11-5-47 (Date received local registrar) (b) James A Carey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 3 year 1947 hour 5:10 minute P M.

21. I hereby certify that I attended the deceased from ....., 19.., to ....., 19..; that I last saw h..... alive on ....., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to

Due to 947

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations

Of autopsy History & Inspection

Duration

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? (Specify type of place)

While at work (e) Means of injury

23. Signature A E Upsher (M. D. or other) MD

Address 2800 Main K.C. Mo. Date signed 11/5/47

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Schlanker, Registered Apprentice No. 439, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 423

P. O. Address Independence, 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.