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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33494  
Registrar's No. 131

FILED NOV 12 1948

Registration District No. 70

Primary Registration District No. 5636

1. PLACE OF DEATH:

(a) County Washlade  
(b) City or town Rural Wash. vs. Lou.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Onla Star Rt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washlade 53  
(c) City or town Rural 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. Onla Star Rt. 3  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rayma E. Layman

3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Emma Layman 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 9 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

MOTHER FATHER

12. Name Maak Layman 9

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

14. Maiden name Carlise Lawrence

15. Birthplace Washlade county Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. P. Lagman

(b) Address Onla Star Rt.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48  
(Month) (Day) (Year)

(c) Place: burial or cremation White Oak Land Cam.

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Mo.

19. (a) 11-5-48 (Date received local registrar) (b) Fressie B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
year 1948 hour 10 minute A.M.

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

Immediate cause of death CEREBRAL HEMORRHAGE  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy g36

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) (e) Means of injury \_\_\_\_\_

23. Signature R. Palmer (Dr. D. or other) 3  
Address LEBANON Mo. Date signed 11/2/48

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

DEC 15 1949

VS OCT 28 1980

AUG 12 1953

VS NOV 15 1980

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.....

Margie Ruth Allen Emmett E. Everett, Registered Apprentice No. 295-246  
working under my personal supervision.

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Libanon, 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.