

REC'D JAN 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41606  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Tow Primary Registration District No. 1002 Registered No. 1672  
 (c) City Kansas City (d) Street No. St Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 814 W. 75 St. [ ]  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret E. Layton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1882  
 7. AGE YEARS 56 MONTHS 4 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Richard F. Layton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary E. Reid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Margaret E. Layton  
814 W. 75

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 12-1-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B.W. Newcomer Sons

20. FILED Dec 1 1938 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1938, to 11/30, 1938  
 I last saw him alive on 11/30, 1938. Death is said to have occurred on the date stated above, at 10:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pleurisy & Effusion  
Pulmonary Edema  
Ruptured Gall Bladder Date of onset 12/6  
 Other contributory causes of importance:  
Cholyl lithiasis + Cholyl cystitis

Name of operation alone Date of 11/30/38  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) [Signature], M. D.  
 (Address) 10307 Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Died. 4018  
St Joseph Hosp

**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 \_\_\_\_\_, working under my personal supervision.

Signed Lawrence Carr  
Licensed Embalmer No. 4031  
P. O. Address \_\_\_\_\_

**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, above space should be left blank.**