. S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948
Registration District No. 72

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18967
Primary Registration District No. 5289
Registrar's No. 66

24

1. PLACE OF DEATH:
(a) County: CLAY
(b) City or town: RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BRIERCLIFF ROAD & CEDAR LANE. R.R#4. NO. KC.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - -
In this community 38 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CLAY
(c) City or town: RURAL - NORTH KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. BRIERCLIFF ROAD & CEDAR LANE. R.R.#4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - -

3. (a) PRINT FULL NAME: MRS. EDNA CLARA LAYNE OMAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MR. EDWARD C. OMAN
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: AUGUST. 25. 1883 (Month) (Day) (Year)

8. AGE: Years 65 | Months 9 | Days 20 | If less than one day ___ hr. ___ min.
9. Birthplace: OTTERVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: - -
MOTHER FATHER
12. Name: ALEXANDER LAYNE
13. Birthplace: OTTERVILLE (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: FANNIE McCLAIN
15. Birthplace: OTTERVILLE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: MR. EDWARD C. OMAN
(b) Address: R.R#4, NORTH KANSAS CITY MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE 16 1948
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY KANSAS CITY, MISSOURI
18. (a) Signature of funeral director: D. N. Newcomer's Sons
(b) Address: KANSAS CITY MISSOURI
19. (a) June 16-48 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14TH year 1948 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from 3-10-48, 19..., to death, 19...; that I last saw her alive on 6-7-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	5 min
Due to Hypertension - Chronic - Nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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: P. Wilmbur M.D. (M. D. or other)
Address: 2-1-25 Swope Date signed 6/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-23-48

2025 Swift - No. K.C. Mo.
8-5:30

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.