

Laytart, Susan Lennie Turner 1886 - 1948

Cynthiana Democrat – January 6, 1949

LAYTART

Mrs. Susan Laytart, 62, died suddenly Thursday, Dec. 30, 1948, at her home in Cynthiana. A native of Harrison County, she was a daughter of the late Pierce and Sarah Frows Turner. She married Albert Laytart May 28, 1902.

Survivors are one foster-son, Harry Laytart; two brothers, Martin L. Turner, Cynthiana, and Harry Turner, Chicago; and two sisters, Mrs. Edward Clifford, Lexington, and Mrs. Keller Ashbrook, Harrison County. She was a member of the Elmarch Methodist Church.

Services were held Saturday afternoon at the Smith-Rees Funeral Home, conducted by Rev. H. H. Turner, and burial followed in Battle Grove Cemetery. Pallbearers selected were Clifford Ashbrook, George Henson, Snell Ashbrook, Lawrence Henson, Elwood Ransdall and Louis Ransdell.

Laytart, Susan Lennie Turner 1886 - 1948

No. 25222

State File No. **25222**
Registrar's No. **184**

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. **670** Primary Registration District No. **2240**

1. PLACE OF DEATH:
(a) County **HARRISON**
(b) City or town **CYNTHIANA**
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
BROADWAY
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community **SEVERAL YEARS**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **KENTUCKY** (b) County **HARRISON**
(c) City or town **CYNTHIANA**
(If outside city or town limits, write RURAL)
(d) Street No. **Broadway**
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ year

3(a) FULL NAME **MRS SUSAN LAYTART**
3(b) If veteran, _____ 3(c) Social Security No. _____
Name war _____ No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6(a) Single, widowed, married, divorced **MARRIED**

6(b) Name of husband or wife **ALBERT LAYTART**
6(c) Age of husband or wife if alive **64** Years

7. Birth date of deceased **MARCH 7TH., 1886**
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **23** If less than one day hr. min.

9. Birthplace **HARRISON COUNTY, KENTUCKY**

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOUSEKEEPING**

FATHER { 12. Name **PIERCE TURNER**
13. Birthplace **KENTUCKY**

MOTHER { 14. Maiden name **SARAH PROWS, KENTUCKY**
15. Birthplace *A. L. Laylart*

16(a) Informant's own signature **CYNTHIANA, KENTUCKY**
(b) Address **AS ABOVE**

17. BURIAL, ~~BY REMOTION~~ OR ~~BY REMOVAL~~
Place **BATTLE GROVE CEM.** Date **JAN. 1ST, 1949**
CYNTHIANA, KENTUCKY

18(a) Signature of funeral director **SMITH - REES CO**
By *D. D. Smith*
(b) Address **CYNTHIANA, KENTUCKY**

19(a) **Jan. 4, 1949** (Date received by local registrar)
(b) *Susan McDowell* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **DECEMBER 30TH., 1948**

21. I hereby certify that I attended the deceased from **Jan** 19 **48**
(to *June of death* 19 **48**) that I last saw him alive on **Dec. 30** 19 **48** and that death occurred on the date stated above **11 P.** M.
Immediate cause of death **Angina Pectoris** DURATION _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **9413**

Of autopsy _____

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? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature *W. H. Jones* (M. D. or other)
Address **Cynth, Ky** - Date signed **Jan 3, 1949**

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.