

AUG 16 1939

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

25583

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 309
 (b) Township..... Primary Registration District No. 4185
 (c) City Albany (d) Street No..... 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.

Registered No. 312. PRINT FULL NAME George Nicholas Wayman

(a) Residence, No. 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 Lorena Moreland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Albany (STATE OR COUNTRY) Mo.13. NAME Wm. P. Wayman14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Nancy Van Hooser16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Mrs. George Wayman (ADDRESS) Albany, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE July 28 193919. FUNERAL DIRECTOR (NAME) Brooks Funeral Home (ADDRESS) Albany, Mo.20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939, 1922. I HEREBY CERTIFY, That I attended deceased from July 8th 1939, to July 26 1939I last saw him alive on July 26 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Ulcer of Stomach Date of onset 1925

Other contributory causes of importance:

Hemorrhage from ulcer severe late of death 1 month durationName of operation none Date of x-ray
What test confirmed diagnosis? clin. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Frank R. H. Rose, M. D.
281 (Address) Albany, Mo.

RECEIVED

District Health Officer No. 117

District File Number 839-1003

Date Filed AUG 9 1989

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.....

Licensed Embalmer No.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25583
~~25585~~
Do not use this space.

1. PLACE OF DEATH
(a) County Benton Registration District No. 309
(b) Township..... Primary Registration District No. 4185- Registered No. 31
(c) City Albany (d) Street No..... 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 George Nicholas Wayman
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorena Moreland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labor
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1939
22. I HEREBY CERTIFY That I attended deceased from July 8 to July 26, 1939
Last seen alive on July 26, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

rupture of stomach Date of onset _____
Other contributory causes of importance: hemorrhage from ulcer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo
13. NAME Wm P. Wayman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Nancy Van Hooser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Mrs George Wayman
Albany Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE 7-28, 1939
19. FUNERAL DIRECTOR (ADDRESS) Brown's Funeral Home
Albany Mo
20. FILED July 29, 1939 W.T. Suter
Sept 7 Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Frank H. Rose, M. D.
(Address) Albany Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
PHYSICIANS should state EXACTLY, FOR SAUNDRY SUPPLIER, ROE SAUNDRY, etc. PHYSICIANS should state EXACTLY, FOR SAUNDRY SUPPLIER, ROE SAUNDRY, etc.

S-25585 1939