

FILED FEB 13 1940

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

3942

Do not use this space.

1. PLACE OF DEATH

(a) County Saline, Registration District No. 2 794
 (b) Township Union Primary Registration District No. 3033A Registered No. 1
 (c) City (d) Street No.
 (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

453 Joel Monroe Wayland,
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (If the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Wayland,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27th 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
90 0 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Missouri, 013. NAME James Wayland, 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia, 015. MAIDEN NAME Eliza Arnold,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,17. INFORMANT Mrs Viola Wayland,
(ADDRESS) Fayette, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 1/24th 194019. FUNERAL DIRECTOR (NAME) Guy T. Halley,
(ADDRESS) Fayette, Mo.20. FILED Jan 25 19 J. A. Dawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1940, to Jan 21, 1940.
 I last saw him alive on Jan 21, 1940. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
12/1

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Chronic Was there an autopsy? no

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? no
 If so, specify
 (Signed) C. H. Dawson, M. D.
W. H. Galvin (Address) Walnut Ridge, Mo.

RECEIVED
District Health Officer No. 8,
District File Number *11/17/40*
Date Filed

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.