No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1941

Registration District No. 384

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31658

Primary Registration District No. 4227

Registrar's No. /

1. PLACE OF DEATH:
(a) County: Howell No. 1
(b) City or town: West Plains Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Howell
(c) City or town: West Plains (If outside city or town limits, write "RURAL") S.C.
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Emily A Wayman
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: 0
4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: E. J. Wayman 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March 22 (Month) (Day) — 65 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	24	..... hr. ..... min.

9. Birthplace: Del (City, town, or county) / (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: .....
FATHER 12. Name: John Goble
FATHER 13. Birthplace: Ky (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: unk
MOTHER 15. Birthplace: unk (City, town, or county) / (State or foreign country)
16. (a) Informant: E J Wayman
(b) Address: West Plain Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 8-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Caldwell Cemetery
18. (a) Signature of funeral director: R Bryson West Plains Mo
(b) Address: West Plains Mo
19. (a) 8-18-41 (Date received local registrar) (b) Ida W Simens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th year 1941 hour 11:30 A.M.
21. I hereby certify that I attended the deceased from 8/12-41, 1941, to 8-16-, 1941; that I last saw her alive on Aug 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis
Left Hemiplegia
Due to: Arteriosclerosis
Due to: /
Other conditions (Include pregnancy within 3 months of death): 0
Major findings:
Of operations: .....
Of autopsy: .....

Duration

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: E. C. Bohner (M. D. or other) M.D.
Address: West Plains Mo Date signed 8-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8811921
Date Filed .....

MAY 18 1949

JUN 20 1949

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 George D Palmer

Licensed Embalmer No. 3432

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.