

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35528

Registration District No. 556

Primary Registration District No. 5750

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural Morgan *Ind*
(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 73 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry R. Wayman

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Josephine Wayman</u>	6. (c) Age of husband or wife if alive <u>Second</u> years	
7. Birth date of deceased <u>Oct. 1</u> 1848	(Month) (Day) (Year)	

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER, FATHER {
12. Name John Wayman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Wayman

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Sept. 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Cemetery

18. (a) Signature of funeral director Martin

(b) Address Princeton, Mo.

19. (a) 9/19-41 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Rural Princeton MO 03
(If outside city or town limits, write "RURAL")
(d) Street RFD 3 North of Princeton, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Sept 17 1941
that I last saw him alive on Sept 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mild Insufficiency 2 yrs
Duration

Due to _____

Due to _____

Other conditions 928
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature C. W. Stacy (M. D. Seal) _____

Address Princeton MO Date signed 9/19-41

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

005

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..... *H. Juan Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Princeton 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.