S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1479

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days (Specify whether years, months or days)
In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 45
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2853 Southwest Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM WAYLAND
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 27th (Day) 1872 (Year)
8. AGE: Years 69 Months 11 Days ~~27~~ If less than one day hr. min.
9. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Watchman Ross Stine 2835
11. Industry or business S.W. Blvd. K.C. Mo.
MOTHER FATHER
12. Name Thomas Wayland
13. Birthplace (City, town, or county) / Virginia (State or foreign country)
14. Maiden name Laura Webb
15. Birthplace (City, town, or county) / Virginia (State or foreign country)
16. (a) Informant Mrs. George Maupin
(b) Address 8611 Roberts
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Kansas City Mo.
19. (a) Jan 6 1942 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1942 hour 5 minute 55 P. M.
21. I hereby certify that I attended the deceased from 1-2-42, 19..., to 1-4-42, 19...; that I last saw him alive on 1-4-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy and dilatation; edema and congestion of lungs; hydrothorax and ascites. — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

95C2

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 Henry R. Thorn 0 (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

#9

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. Clair Shippard

Licensed Embalmer No. 4179

P. O. Address L. C. Md.

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.