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5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED DEC 12 1942**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37054**  
Registrar's No. **28**

Registration District No. **120**

Primary Registration District No. **5444**

38  
00

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany, Rural Athens Twsn/  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community Lifetime (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **38**

(a) State Missouri (b) County Gentry **0**

(c) City or town Albany, R.F.D. **0**  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Dennis Wayman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
year 10 hour 45 A.M. minute..... M.

21. I hereby certify that I attended the deceased from 19 to 19  
viewed body after death

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 1 5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Slade 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 30 1876  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Duration

8. AGE: Years Months Days If less than one day  
66 1 17 hr. min.

Due to.....

Due to..... **93d**

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

9. Birthplace Gentry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Hugh Wayman

{ 13. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Alice Peek

{ 15. Birthplace Gentry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.D. Wayman

(b) Address Albany, Mo. R.F.D.

17. (a) Burial (b) Date thereof Nov 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

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?.....

18. (a) Signature of funeral director Chaffin Birch

(b) Address Albany, Mo.

19. (a) 11/14/42 (b) Wm. H. Webster  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Dr. Jack A. Barnes M.D. or other Do

Address Albany, Mo. Coronado Date signed 11/13/42

1108

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Clifford Burns*

.....  
Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

**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.**