

Registration District No. 313128

Primary Registration District No. 2000

Registrar's No. 604

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Springfield Hospital
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks

In this community 12 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 N. Main
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Blanche Wayman

MEDICAL CERTIFICATION

3. (b) If veteran, name war none

3. (c) Social Security No. none

20. DATE OF DEATH: Month July day 27
year 1942 hour 1 minute 15 A.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from June 1
~~July 27~~ 1942 July 27 1942
that I last saw her alive on 7-26 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Henry W. Wayman 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased March 6 1889
(Month) (Day) (Year)

Immediate cause of death 7-26
Malignancy of Biliary tract
tract Chronic myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>24</u>	hr. min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) H6 f

9. Birthplace Walnut Hill Ill
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Home Housewife

11. Industry or business _____

12. Name Sydney J. Mullen

13. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Anna Prager

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Wayman

(b) Address 1207 N. Main

17. (a) Removal (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill, Ill

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo

19. (a) 7-28-43 (b) Dr W F Handley
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

While at work? _____

23. Signature C. E. Feller (M. D. or other) _____
Address Springfield, Mo Date signed 7/28/42

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..... *Fred C. Pieme*

Licensed Embalmer No. *2899*

P. O. Address..... *Springfield, 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.

X