

1. PLACE OF DEATH:

(a) County Randolph Moniteau Twp

(b) City or town Roanoke - 1 (Rural)

(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 _____ (Specify whether _____)
In this community All his life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Fado Wayland

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

4. Sex Male 5. Color or race Black

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

6. (b) Name of husband or wife Betty Wayland 6. (c) Age of husband or wife if alive Death years

7. Birth date of deceased July 4 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Wayland

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

14. Maiden name Eliza Marcus

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

16. (a) Informant's own signature Lou Williams

(b) Address Armstrong, Mo.

17. (a) Burial (b) Date thereof Sept. 26 1943
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Cemetery

18. (a) Signature of funeral director A.H. Caldwell

(b) Address Armstrong, Mo.

19. (a) 10-7-43 (b) Mrs. P. D. Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Roanoke - Moniteau Twp
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1943 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 9, 1943 to Sept 25, 1943
that I last saw him alive on July 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 yr

Due to generalized arteriosclerosis

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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 F.L. Brown (M. D. or other) MD
Address Subsidiary, Mo. Date signed 9-25-43

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 1143-1744

Date Filed NOV 3 1943

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 A. H. Aldaker

Licensed Embalmer No. 1667

P. O. Address Ann Arbor 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, above space should be left blank.