S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946

State File No. 9121

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 212

**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: KEARNEY AT PIERCE (If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County GREENE

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

(d) Street No. 535 - E. PHELPS (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM R WAYNE

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. UNK.

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased JUNE (Month) 6, (Day) 1918 (Year)

8. AGE: Years 27 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace SCRANTON (City, town, or county) NORTH Carolina (State or foreign country)

10. Usual occupation LABORER

11. Industry or business .....

FATHER
12. Name CLAUDIUS WAYNE
13. Birthplace CARATUC CO' (City, town, or county) N' CAROLINA (State or foreign country)

MOTHER
14. Maiden name SUSAN CRADLE
15. Birthplace SWAN COURT (City, town, or county) N. CAROLINA (State or foreign country)

16. (a) Informant MRS SUSAN CRADLE

(b) Address 535 - E - PHELPS, Spfd., Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM'

18. (a) Signature of funeral director H. Y. Smith

(b) Address 702 - N - Jefferson, Spfd., Mo

19. (a) 3-5-46 (Date received local registrar) (b) D. W. E. Hartley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 3 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from No Physician in attendance, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Burns

Due to Automobile overturned and caught fire

Due to Collision with another car

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... 170c

Of autopsy .....

Duration

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) Accident 133

(b) Date of occurrence March 3, 1946

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 66 (Specify type of place)

While at work? No (e) Means of injury Fire

23. Signature Murray C Stone Coroner (M. D. or other)

Address Springfield, Mo Date signed 3-4-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1946

JUL 15 1946

JUL 30 1946

APR 1 1946

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**