FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 582

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~4230~~ 5545

State File No. 32745

Registrar's No. 22

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

**1. PLACE OF DEATH:**
(a) County: Howard Chariton
(b) City or town: Rural ~~Armstrong~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 miles west of Armstrong
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo. (b) County: Howard
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 mi west of Armstrong
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Everett Wayland
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: ~~[illegible]~~ 497-24-8218
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 15 (Day) 1923 (Year)

8. AGE: Years 25 | Months 5 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: Armstrong (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Day Laborer
MOTHER
12. Name: Charles Wayland
13. Birthplace: Randolph Co. (City, town, or county) Mo. (State or foreign country)
FATHER
14. Maiden name: Ruby Alice Cameron
15. Birthplace: Randolph Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Charles Wayland
(b) Address: Armstrong Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date: Oct 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Roanoke, Mo.
18. (a) Signature of funeral director: Audley - Fremont
(b) Address: Glasgow Mo.
19. (a) 11/1/48 (Date received local registrar) Walter Audley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 29 year 1948 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct 29, 1948 to Oct 29 1948 that I last saw him alive on Oct 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia — Duration 8 hrs ?
Due to: Diabetes mellitus — 5 yrs
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: 0
Of autopsy: .....

PHYSICIAN — Underline the cause of 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: Carl C. Heger (M. D. or other) M.D.
Address: Keytesville, Mo. Date signed: 10/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1949

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 E. W. Griemonth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.**