OCT 1 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31729
Do not use this space.

1. PLACE OF DEATH
(a) County Adair 2
(b) Township Polk 1
or
(c) City Greentop, Mo.
Registration District No. 804
Primary Registration District No. 5003
Registered No. 222
(d) Street No. RFD # 2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

550

2. PRINT FULL NAME Mary Etta Wayman
(a) Residence, No. Greentop RFD # 2 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sherman Wayman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17, 1884
7. AGE: Years 55 | Months 6 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmwife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Aug. 31, 1939
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair County Mo.

FATHER
13. NAME: Jackson Maize
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuyler County Mo.

MOTHER
15. MAIDEN NAME: Martha Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuyler County Mo.

17. INFORMANT (ADDRESS): Sherman Wayman Greentop, Mo. RFD # 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Refuge DATE: Sept. 15, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Davis Funeral Home Kirksville, Mo.
20. FILED: Sept. 21, 1939 Spencer L. Freeman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, to Sept. 1, 1939
I last saw her alive on 1/3, 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Cerebral Hemorrhage	
9 3 C	

Other contributory causes of importance:
Chronic myocarditis

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. D. Stiblent, M. D.
(Address) Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-1788
Date Filed OCT 10 1939

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 Harold H. Vogel

Licensed Embalmer No. 4076

P. O. Address Kerrville, Tex.

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.