

Registration District No. 404

Primary Registration District No. 55-58

Registrar's No. 1510 38

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town DODSON  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
In this community 15 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME WAYT, CLYDE D.

8. (b) If veteran, name war World War 8. (c) Social Security No. 494-12-0417

4. Sex Male 5. Color of race White 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 Aug 7 1892  
(Month) (Day) (Year)

8. AGE: 48 Years 8 Months 27 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ROSOLIA - KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William Wood Wayt

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

14. Maiden name Florence Lucas

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

16. (a) Informant Lewis W. Wayt - brother

(b) Address Albion, Kansas

17. (a) Burial (b) Date thereof 5-8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Lawn Cem

18. (a) Signature of funeral director Subdust

(b) Address 6900 West Rome

19. (a) 5-12-41 (b) R. V. Lindsey, 9th Ave  
(Date received local registrar) (By Registrar or Coroner) By Registrar N. Kael

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town DODSON  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Amer years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 Day 6 Year 1941  
hour \_\_\_\_\_ minute 2A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Crushing Injury Head & Fractures  
Run over by Train  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 16 1/2

Major findings: Of operations \_\_\_\_\_  
Of autopsy du

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 5-6-31 1941  
(c) Where did injury occur? KC Garden  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
366 (Specify type of place) City  
While at work? (e) Means of injury by train

23. Signature Russell W. Jones (M. D. or other) 3  
Address KC Mo Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 JR Housey  
Licensed Embalmer No. 3682  
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, above space should be left blank.**