

Registration District No. 309

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural *Albion 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. _____ (Specify whether)

In this community Most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry *30*

(c) City or town Rural *g*

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

(d) Street No. _____ (If rural, give location) *0*

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

If yes, name country _____

3. (a) PRINT FULL NAME Hugh Marshall Wayman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Messiah Wayman

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

14. Maiden name Margaret Barnett

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

16. (a) Informant Mr. Dennis Wayman

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 2/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magee Cemetery

18. (a) Signature of funeral director Walter C. Burns

(b) Address Albany, Mo.

19. (a) Feb 25-1942 (b) Harold M. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to Feb 22 1942
that I last saw him alive on Feb 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Coronitis

Due to Senility

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

Major findings: Of operations 930

Of autopsy _____

Duration

6 months

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 J. P. Berger (M. D. or other) _____
W. C. Burns
Address _____ Date signed 2-24-42

1108

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Charles B. Bunker
Licensed Embalmer No. 3329
P. O. Address Wang

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.