

FILED JUN 10 1942

Registration District No. 533 Primary Registration District No. 5973

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural Silver Creek
(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 _____ (Specify whether _____)

In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Willie A. Wayland

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

4. Sex Fe 3 5. Color or race Black 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Feb. 16 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Williams

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

14. Maiden name Unknown

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

16. (a) Informant Charley Wayland
(b) Address Huntsville, Mo.

17. (a) Burial (b) Date thereof May 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Mo.

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo.

19. (a) 6-1-42 (b) Mrs. P. Dreyfus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9 1942 to May 11 1942 that I last saw her alive on May 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 days

Due to Hypertension Unknown

Due to _____

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

Major findings: Of operations 830

Of autopsy _____

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 D. H. Johnston (M. D. or other) MD
Address Huntsville, Mo. Date signed 6/2/42

1021

RECEIVED

District Health Officer No. 10

District File Number 6-42-1211

Date Filed JUN - 8 - 1947

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 Paul F. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.