

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25753

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 233

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Sarah Wayman
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Jas. B. Wayman 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased 5-9-1859 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 2 hr. min.

9. Birthplace Patterson Pa. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business
12. Name Robt. J. Sample
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Mary W. Wyper
15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Wayman
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Santa Rosa
18. (a) Signature of funeral director Queeney Phillips
(b) Address Warrensburg, Mo.
19. (a) 7-13-43 (Date received local registrar) (b) Jms Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 322 W. 7th (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1943 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov 8 1943 to July 11 1943
that I last saw h. or alive on July 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 Mo.
Due to arterio sclerosis & hypertension
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83a!
Of autopsy

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) Means of injury
23. Signature J. W. Boger M.D. (M. D. or other)
Address Sedalia Mo Date signed 7/14/43

RECEIVED
District Health Officer, No. 8
District File No. 8-6-43
Date Filed

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 R.A. Phillips
Licensed Embalmer No. 2320
P. O. Address Warrensburg, 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.