S. No. 2
-11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16843

FILED JUN 14 1945

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan
(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 2 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Sullivan,
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALLEN BURKS WAYLAND

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or 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 May 6, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months Days 28 If less than one day hr. min.

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

10. Usual occupation Merchant (Retired)

11. Industry or business Mercantile

FATHER
12. Name Robert Wayland
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Evaland Van Lear
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Wayland Ford
(b) Address Sullivan, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 45 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo

18. (a) Signature of funeral director Thos. F. Shuffler
(b) Address Sullivan, Missouri.

19. (a) 6/5/45 (Date received local registrar) (b) Gilbert Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 4 day 4th year 1945 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from 2-5- 1945 to 5-3 1945 that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Cancer of throat	5yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. L. K. Garner (M. D. or other)
Address Sullivan Mo. Date signed 6-5-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 6-13-45

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 Edgar W. Lafleur

Licensed Embalmer No. 3394

P. O. Address Sullivan Me

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.