

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. ....

**FILED MAR 12 1947**  
Registration District No. 43-24

Primary Registration District No. 5804

Registrar's No. 14

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

**1. PLACE OF DEATH:**

(a) County MONROE

(b) City or town RURAL - JACKSON TWP.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1/4 MI. S. OF PARIS  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 25 YRS. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** JOSEPH PERRY WAYNE

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 MARRIED

6. (b) Name of husband or wife RUBY ALLEN WAYNE

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JULY 16 1969  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>20</u>	hr. min.

9. Birthplace BOONE Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name ANTHONY WAYNE

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

14. Maiden name MARY SEYMOUR

15. Birthplace BOONE Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant RUBY WAYNE

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof FEB. 10 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE SPEEDWAY

18. (a) Signature of funeral director [Signature]

(b) Address PARIS, MO.

19. (a) 3-3-47 (b) Elbert Baker M.D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MONROE 69

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

(d) Street No. 1/4 MI. S. OF PARIS  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB. day 6  
year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from FEB 6 to FEB 6, 1947 to FEB 6, 1947  
that I last saw him alive on FEB 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Duration 30 MIN

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) 0  
Address PARIS, MO. Date signed 2-7-47

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

RECEIVED  
District Health Officer No. 10  
District File Number -- 2-47-43  
Date Filed -- MAR-1-1-1947

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..... *E. H. Agnew* .....

Licensed Embalmer No. 4000 .....

P. O. Address..... Paris, Missouri. .....

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.