

Registration District No. 796 Primary Registration District No. 3038

1. PLACE OF DEATH: 2
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution: 161 So. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: RICHARD HAYSLIP
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis maude Hayslip 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec 5 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Jess Hayslip
13. Birthplace Cass Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Julia Owens
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J E Hayslip
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 1-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director Harry Herslberger
(b) Address Marshall Mo

19. (a) 1-26-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 161 So. Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1940 hour 5:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 26 1940
to Jan 26 1940
that I last saw him alive on Jan 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 27

Due to _____
Due to _____

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

Major findings:
Of operations _____
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) (a) Means of injury _____
23. Signature W. H. ... (M. D. or other) _____
Address Marshall Mo Date signed 1/27/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 4/4/40
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 Fred Wickman
Licensed Embalmer No. 2478
P. O. Address Clinton M.

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.