

MAY 7 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 19400

Primary Registration District No. 4243

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jasper Mo 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 52 years 10 mo 4 da
 years, months or days

8. (a) PRINT FULL NAME Nancy June Hayzlett 24

8. (b) If veteran, name war 2 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles S. Hayzlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 19 1887
 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 2

MOTHER FATHER { 12. Name William Rice

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

14. Maiden name Leliana Hester

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

16. (a) Informant Charles S. Hayzlett

(b) Address Jasper Mo

17. (a) Burial (b) Date thereof Apr 25-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pagachig Cem

18. (a) Signature of funeral director Chas E. Leeter

(b) Address Jasper Mo

19. (a) Apr 24 1940 (b) Clara E. Cannon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. No Street No
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
 year 1940 hour 11 minute 25 AM

21. I hereby certify that I attended the deceased from February 6, 1940, to April 23, 1940;
 that I last saw her alive on April 23, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of ovary Duration 5 yrs

Due to _____

Due to _____

Other conditions (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? _____

855 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Ray L. Leibel Jr (M. D. or other) MD

Address Jasper, Mo Date signed 4/27/40

40-5-76

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 _____

Phas J Teeter

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Phas J Teeter

Licensed Embalmer No. *2566*

P. O. Address *Gasper 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, above space should be left blank.