No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28562

Registration District No. 408 Primary Registration District No. 5562 Registrar's No. 128

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1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Rural Marion township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED: 049
(a) State: Missouri (b) County: Jasper
(c) City or town: Rural Marion Township
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 2
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: n

3. (a) PRINT FULL NAME: Andrew Titus Hayslett
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 22 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	14	____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) W. Virginia (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: ____
FATHER
12. Name: William Hayslett
13. Birthplace: W. Virginia (City, town or county) (State or foreign country)
MOTHER
14. Maiden name: Lizzie
15. Birthplace: Unknown (City, town, or county) n (State or foreign country)
16. (a) Informant: Edna Hayslett
(b) Address: Carthage Route # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Fasken cemetery
18. (a) Signature of funeral director: Ed. Ulmer
(b) Address: Carthage, Mo.
19. (a) Sept 6, 1941 (Date received local registrar) (b) E. J. McDaniel, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1941 hour 10 minute 45 a.m.
21. I hereby certify that I attended the deceased from June 7, 1941, to Sept. 5, 1941; that I last saw him alive on Sept. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion with almost immediate death in first attack — Duration: ____

Due to: ____

Due to: ____

Other conditions: Angina pectoris — Duration: 6 wks.
(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: Charles H. Sokell Jr. (M. D. or other) MD
Address: Carthage, Mo. Date signed 9/6/41

(Licensed Embalmer's Statement on Reverse Side)

41-9-795-

SEP 22 1941

SEP 29 1941

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.