

FILED AUG 17 1942

Registration District No. 384141

Primary Registration District No. 42-27302A

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Mo. town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Robert Vanlear Hayland

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 9 divorced
6. (b) Name of husband or wife Weyland 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Oct 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Auctioneer Merchant

11. Industry or business Retired

12. Name Robert Vanlear Hayland

13. Birthplace Rock Bridge, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ann

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

16. (a) Informant Ms. Belle Hayland

(b) Address Lanesville, Rf. West Plains, Mo.

17. (a) Burial (b) Date thereof 3-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ablyon West Plains, Mo.

18. (a) Signature of funeral director W. H. Hays

(b) Address West Plains, Mo.

19. (a) 3-1-42 (b) W. H. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 3 minute 30 A.

21. I hereby certify that I attended the deceased from Jan 10 1941 to Feb 27 1942
that I last saw him alive on Feb 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to arteriosclerosis

Due to long and deep dementia

Other conditions: No operation
(Include pregnancy within 3 months of death)

Of findings: No operation
Of autopsy: no 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?

(e) While at work? (Specify type of place)

(f) Means of injury

23. Signature R. A. Sparks (M. D. MD)

Address West Plains, Mo. Date signed 3/1/1942

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

46
8

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 7425-81

Date Filed 8-14-42

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 Mayme C. Hornburgh

Licensed Embalmer No. 3635

P. O. Address West Plains, 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, fact should be so stated above.