

FILED DEC 17 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 299

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town INDEPENDENCE MO.
(c) Name of hospital or institution: Dep Home / NURS 123 So. Spring
(d) Length of stay: In hospital or institution 173 SO. SPRING
In this community 74 YEARS 1 MO.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence
(d) Street No. 123 S. Spring St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORA BELL HAYLAND

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES A. HAYLAND 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased OCTOBER 16 1869

8. AGE: 74 Years Months 1 Days If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM MERCHANT

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

14. Maiden name NAN STEPHENSON

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

16. (a) Informant CHAS. A. RAYLOR

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof NOV. 19, 1943
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director O'H & Mitchell

(b) Address 310 N. Main Indep. Mo.

19. (a) 11-19-43 (b) James H. Hall (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 1943 hour 3.20 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Nov 16 1943 that I last saw her alive on Nov 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach

Due to: Due to: Other conditions: (Include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy: 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? While at work? (Specify type of place) (e) Means of injury.

23. Signature: J. H. Green (M. D. or other) Address: Independence, Mo. Date signed: 11/19/43

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

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.