S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 254

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37846

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County: Oregon

(b) City or town: Thayer (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8 (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: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon 75

(c) City or town: Thayer (If outside city or town limits, write "RURAL") 7

(d) Street No. ..... (If rural, give location) 5

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: James Washington Haislett

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Eliza Bell Haislett

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: August (Month) 27 (Day) 1868 (Year)

8. AGE: Years 78 | Months 1 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Olena (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Retired Engineer

11. Industry or business: .....

FATHER
12. Name: Otho Haislett
13. Birthplace: ..... (City, town, or county) Penna. (State or foreign country)

MOTHER
14. Maiden name: Anna McChesney
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. J. W. Haislett
(b) Address: Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Thayer Cem.

18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.

19. (a) 11-14-46 (Date received local registrar) (b) Edith Grass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Drowned	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1648	
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): Suicide

(b) Date of occurrence: Oct-15-1946.

(c) Where did injury occur? Thayer (City or town) Oregon (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In warm fork Creek (Specify type of place)

While at work? ..... (e) Means of injury: 5

23. Signature: Leo Carr - Coroner (M. D. or other)

Address: Thayer Mo. Date signed 10/16.46

(Licensed Embalmer's Statement on Reverse Side)

368

RECEIVED
District Health Officer No. 5,
District File Number 114638
Date Filed 11-21-46

OCT 14 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.