

FILED MAR 8 1948

State File No. \_\_\_\_\_

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Graham  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER R. HAYZLETT

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 16 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23  
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 2 1948 to Feb 23 1948  
that I last saw him alive on Feb 23 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68 3 7 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Generalized Arterio Sclerosis + Hypertension

Due to \_\_\_\_\_

9. Birthplace Graham Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel B. Hayzlett  
Indiana  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Samantha Elizabeth Cole  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations of 3 P

Of autopsy \_\_\_\_\_

16. (a) Informant Mr. Stoghten Hayzlett  
(b) Address Graham, Missouri

17. (a) burial (b) Date thereof 2/26.48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville, Missouri

19. (a) 2/23/48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W.R. Jackson (M. D. or other) \_\_\_\_\_  
Address Maryville Date signed 2-25

JAN 07 1967

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John W. Price*

Licensed Embalmer No. *4281*

P. O. Address..... *Maryville 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.**