DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11230

Registration District No. 338 — Primary Registration District No. 6148 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Stoddard

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

(c) Name of hospital or institution: Castor twsp 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

(c) City or town: Bloomfield - Rural - (If outside city or town limits, write "RURAL")

(d) Street No.: Castor twsp (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Henry Cleveland Hyslop

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 1

6. (b) Name of husband or wife: Margaret Hyslop 6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Nov. (Month) 15 (Day) 1885 (Year)

8. AGE: Years 62 | Months 3 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Oakland City (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation: Probate Judge

11. Industry or business: .....

FATHER
12. Name: John Hyslop
13. Birthplace: ..... (City, town, or county) Scotland 7 (State or foreign country)

MOTHER
14. Maiden name: Jane Kirk
15. Birthplace: ..... (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant's own signature: Margaret Hyslop

(b) Address: Bloomfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar (Month) 7 (Day) 1948 (Year)

(c) Place: burial or cremation: Dexter Mo

18. (a) Signature of funeral director: Floyd Morgan

(b) Address: Puxico Mo

19. (a) 3-19-48 (Date received local registrar) (b) Rose Webber (Registrar's signature) 8-58

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1946 to March 4, 1948; that I last saw him alive on March 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the colon with metastases	3 years
Due to:	
Due to:	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	5 years

46E

PHYSICIAN

Major findings: Of operations: Carcinoma of ascending colon

Of autopsy: None performed.

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: 0

23. Signature: Jo. Harris (M. D. or other) MD

Address: Bloomfield Mo Date signed: 3-10-48

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X19511

RE[redacted]
District Health Office No.
District File Number 348-[illegible]
Date Filed 3-22-[illegible]

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 Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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, above space should be left blank.