

FILED FEB 11 1942

Registration District No. 117-119

Primary Registration District No. 51704

Registrar's No. 3

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Camden *Camden, Mo.*

(b) City or town Richland, Missouri

(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Richland

(d) Street No. Rural

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Marion Haizlip

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1942 hour 12 minute _____ A. M.

4. Sex Male 5. Color or race white

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

(b) Name of husband or wife Julia Ann 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 10 1885

21. I hereby certify that I attended the deceased from used dead when I arrived at home 1942 to 1942 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Angina Pectoris

Due to _____

Due to _____

9. Birthplace Nebo, Missouri (City, town, or county) (State or foreign country) 11

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 94 a

11. Industry or business _____

MOTHER FATHER { 12. Name John Haizlip 13. Birthplace Unknown

{ 14. Maiden name Unknown 15. Birthplace Unknown

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Julia Ann Haizlip (b) Address Richland, Missouri

17. (a) Burial (b) Date thereof Jan. 31, 42

(c) Place: burial or cremation Oak Lawn Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director R. J. Super (b) Address Richland, Mo

19. (a) Jan 31 1942 (b) Laveria Hopkins

(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) _____ (c) Means of injury _____

23. Signature C. E. Carlton (M. D. or other) _____

Address Stoutland, Mo Date signed 1-29-42

MAR 3 1942

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.....

R. B. Teeple

.....
Licensed Embalmer No.....

3198

P. O. Address.....

Richland 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.