S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5674

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 18

78
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Hayti 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Jane Miles
3. (b) If veteran, name war No
3. (c) Social Security No. None

Female 2
5. Color or Colored
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 15, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	27	hr. min.

9. Birthplace Craven County North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Mose Cogdon 1
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betsy
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)
16. (a) Informant Hazel Crane
(b) Address Hayti, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Mo
18. (a) Signature of funeral director John W German
(b) Address Hayti, Mo.
19. (a) 3-3-48 (Date received local registrar) (b) John W German (Registrar's signature) 3/6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th
year 1948 hour 12 minute 00 P. M.
21. I hereby certify that I attended the deceased from
on 2-11-, 1948, to , 19 ;
that I last saw her alive on 2-11-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
23. Signature J. Masters (M. D. or other)
Address Hayti Mo Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3-48-79

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 H. Gorman

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.