S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics Masters

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1948

State File No. 185599

Registration District No. 287 Primary Registration District No. 3049 Registrar's No. 34

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 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti 78
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Alberta Harris
3. (b) If veteran name war No
(c) Social Security No. None
4. Female 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Solon Harris
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 18, 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	29	hr. min.

9. Birthplace Vicksburg, Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Phillip Evans
13. Birthplace Hazelhurst, Miss.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betty Johnson
15. Birthplace Vicksburg, Miss.
(City, town, or county) (State or foreign country)
16. (a) Informant Betty Evans
(b) Address Hayti, Mo
17. (a) Burial (b) Date thereof 4-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo
18. (a) Signature of funeral director John W. German
(b) Address Hayti Mo
19. (a) 4-27-48 (b) John W. German
(Date received local registrar) (Registrar's signature) 406

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1948 hour 9 minutes 30 A.M.
21. I hereby certify that I attended the deceased from Oct 15, 1947, to April 17, 1948;
that I last saw her alive on April 15, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spinal Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 21
23. Signature J. L. Masters (M. D. or other)
Address Hayti Mo. Date signed 4-19-48

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

4-48-139

MAY 12 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 John W. German

Licensed Embalmer No. 4355

P. O. Address Stanley, N.M.

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.