

S. No. 2
M-147
7-5-17-39

STANDARD CERTIFICATE OF DEATH

State File No. **13562**

National Office of Vital Statistics

FILED MAY 3 1948

Registration District No. **227**

Primary Registration District No. **5902**

Registrar's No. **32**

1. PLACE OF DEATH: **Pemiscot**
 (a) County.....
 (b) City or town..... **Hayti Top Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **County Farm 5**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Allin Isaac Gasaway**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **None**
 4. Sex..... **Male**
 5. Color..... **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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **19th**
 year **1948** hour **4** minute **00 P.** M.
 21. I hereby certify that I attended the deceased from **April 8**, 19**48**, to **April 19**, 19**48**;
 that I last saw him alive on **April 16**, 19**48**;
 and that death occurred on the date and hour stated above.
 Immediate cause of death..... **Chronic myocarditis and myocardial degeneration**
 Duration **170+**

AGE: Years Months Days If less than one day
About 72 hr. min.

9. Birthplace..... **Unknown** (City, town, or county) (State or foreign country)
 10. Usual occupation..... **Old Age Home**
 11. Industry or business.....
 12. Name..... **Unknown**
 13. Birthplace..... " " (City, town, or county) (State or foreign country)
 14. Maiden name..... " " (City, town, or county) (State or foreign country)
 15. Birthplace..... " " (City, town, or county) (State or foreign country)
 16. (a) Informant **Old Folks Home Records**
 (b) Address.....
 17. (a) **Burial** (b) Date thereof **4-20-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hayti No. County Farm Cemetery**
 18. (a) Signature of funeral director **John W. German**
 (b) Address **Hayti No.**
 19. (a) **4-27-48** (b) **John W. German**
 (Date received local registrar) (Registrar's signature)

Due to..... **Serulity**
 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.....
 23. Signature **S. B. Beecher** (M. D. or other)
 Address **Southville** Date signed **4/26/48**

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

4-48-136

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 St. German
Licensed Embalmer No. 4355
P. O. Address Hayti, Md.

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.