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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948
Registration District No. 2627

Dr Anderson

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20291
State File No.

Primary Registration District No. 3049

Registrar's No. 5D

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: Heights (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)
In this community: 3 years

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

3. (a) PRINT FULL NAME: Jannie Evans
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 5. Color or race: Colored
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Phillip Evans
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: (Month) (Day) (Year) Unknown

8. AGE: Years: about 59 Months: Days: If less than one day: ..... hr. ..... min.
9. Birthplace: Pines County, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: .....
MOTHER 12. Name: Unknown
13. Birthplace: " (City, town, or county) " (State or foreign country)
FATHER 14. Maiden name: "
15. Birthplace: " (City, town, or country) " (State or foreign country)
16. (a) Informant: Phillip Evans
(b) Address: Hayti, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hayti, Mo
18. (a) Signature of funeral director: John H. German
(b) Address: Hayti, Missouri
19. (a) 6-21-48 (Date received local registrar) (b) John H. German (Registrar's signature) 40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 6th year: 1948 hour: 10 minute: 50 P.M.
21. I hereby certify that I attended the deceased from: 6/1 1948 to 6/6 1948 that I last saw h. E.R. alive on: 6/4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: T.B.	
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: (1)
23. Signature: John H. German (M. D. or other)
Address: Hayti Mo Date signed: 6/20/48

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

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

6-48-188

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. German

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.