No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20294

FILED JUL 14 1948

Registration District No. 267 Dr Masters

Primary Registration District No. 3049

Registrar's No. 55

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 2 months
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) 0
If yes, name country

3. (a) PRINT FULL NAME Hattie Washington
3. (b) If veteran, name war No
3. (c) Social Security No. 322-16-9779
4. Sex Female 3
5. Color or race 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 March (Month) 12 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	3	12	hr. min.

9. Birthplace Crawfordville (City, town, or county), Arkansas (State or foreign country) 1
10. Usual occupation Housewife Day Laborer
11. Industry or business Swift & Co Chicago, Ill
FATHER
12. Name Handy McKenzie
13. Birthplace Ripley, Tennessee (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Hattie Tyce
15. Birthplace Ripley, Tennessee (City, town, or county) (State or foreign country) 1
16. (a) Informant Minnie Lou Jackson
(b) Address Hayti, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti, Mo
18. (a) Signature of funeral director John H German
(b) Address Hayti, Mo
19. (a) 7-8-48 (Date received local registrar) (b) John W German (Registrar's signature) 401

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-23- 1948 to 6-24- 1948 that I last saw her alive on 6-20- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast (Left)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 50
Of autopsy

Duration

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 L Masters (M. D. or other)
Address Hayti Mo Date signed 6-27-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7-48-203

NOV 24 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 Herman

Licensed Embalmer No. A 355

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.