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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 1948

Registration District No. 2982

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5976

State File No. 37654

Registrar's No. 140

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Walnut Grove R1 (If outside city or town limits, write "RURAL" and name of township)

(c) ~~Name~~ of hospital or institution: Rural Jackson Township (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: Over 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk

(c) City or town: Walnut Grove R2 Mo (If outside city or town limits, write "RURAL")

(d) Street No.: Rural Jackson Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Janie Amanda Hayter

3. (b) If veteran, name war: N/A

3. (c) Social Security No.: N/A

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alvin Hayter

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: July (Month) 3rd (Day) 1889 (Year)

8. AGE: Years 59 Months 4 Days 14 If less than one day hr. min.

9. Birthplace: Rankins (City, town, or county) Tenn (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: Home Keeper

MOTHER FATHER

12. Name: Mark M. Rogers

13. Birthplace: (City, town, or county) Tenn (State or foreign country)

14. Maiden name: Amanda Funkhouser

15. Birthplace: (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Alvin Hayter

(b) Address: Walnut Grove, Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 19-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Jesse A. Brim

(b) Address: Walnut Grove, Missouri

19. (a) Nov. 18-1948 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 17 - 1948 to Nov 17 - 1948; that I last saw her alive on Nov 17th 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Congestive	
Due to: Herpes Zoster	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to 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: J. J. Barbo M.D. (M. D. or other)

Address: Walnut Grove, Mo. Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-48-389
Date Filed 11-30-48

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 James R. Phillips, Registered Apprentice No. 215, working under my personal supervision.

Signed Geo. A. Bonn

Licensed Embalmer No. 264

P. O. Address Walnut Grove 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.