REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14095
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 457
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. 3 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kay Frances Highfill, 214
(a) Residence, No. 812 Hickory, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1936
7. AGE: YEARS 2 MONTHS 3 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER
13. NAME Arthur D. Highfill,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cisne, Illinois,

MOTHER
15. MAIDEN NAME Goldie E. Morris,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cisne, Illinois,

17. INFORMANT (ADDRESS) Arthur D. Highfill 812 Hickory Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE April 25 1938
19. FUNERAL DIRECTOR (ADDRESS) Heaton-Bogale & Bowman 319 So. 10th. Str. Funeral Hom
20. FILED 4-25 1938 A J Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1938
22. I HEREBY CERTIFY, That I attended deceased from April 21, 1938, to April 23, 1938
I last saw her alive on April 23, 1938 Death is said to have occurred on the date stated above, at 2:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-18-38
Other contributory causes of importance: Measles	4-10-38

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W Roger Moore, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self Apr. 2

L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3607

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)