REG'D JUN 8 1939

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

19129
Do not use this space.

59

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 516
(b) Township Wheeling — Primary Registration District No. 5682 — Registered No. 5
(c) City ..... (d) Street No. ..... 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lenora Hightower.
(a) Residence, No. Wheeling Mo. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Meriman Hightower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th 1854

7. AGE: Years 85 — Months 2 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo.

FATHER
13. NAME Henry Dill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

MOTHER
15. MAIDEN NAME Rebecca Howe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo.

17. INFORMANT (ADDRESS) Mrs. Chris Glamser, Wheeling, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling Mo. DATE May 5 1939

19. FUNERAL DIRECTOR (ADDRESS) Smiley Funeral Home Wheeling Mo.

20. FILED May 4, 1939 Mrs. Luther Boone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1939, to May 2, 1939, I last saw her alive on May 2, 1939. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronary Sclerosis	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? — 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) D. F. Youll, D.O.
(Address) Wheeling, Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer
39-639
JUN 7 1939

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley Wheeling Mo, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank L. Smiley

Wheeling Missouri

No. ——, or by ——, Registered Apprentice No. —

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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