JAN 8 1940

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

44790
Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 798
(b) Township or (c) City Salt Fork — Primary Registration District No. 6041 — Registered No.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 236 Joseph Hightower
(a) Residence, No. Marshall, Mo. Route # I. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13th, 1861

7. AGE: Years 77 — Months 10 — Days 20 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired
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): Springfield Missouri

FATHER
13. NAME: Joseph Hightower
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Lucy Harrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: Mrs Lucy E. Hightower
(ADDRESS) Marshall, Mo. Route # I

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miami, Mo. DATE Sept. 5th, 1939

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis Funeral Home
(ADDRESS) Marshall, Mo.

20. FILED Dec 29, 1939 E. L. Chiswell
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to Sept. 3rd, 1939
I last saw him alive on Sept 3rd, 1939. Death is said to have occurred on the date stated above, at 2 05 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of liver | |
| 124 | |

Other contributory causes of importance: Dropsy.

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy?

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) E. C. Emmerson, M. D.
(Address) Marshall Mo.

710

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

## 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 Jas N. Lewis, Registered Apprentice No. ....., working under my personal supervision.

Signed Jas N. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall

**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, above space should be left blank.**