

FEB 17 1940

Registration District No. 284

Primary Registration District No. 6403

Registrar's No. 2

1. PLACE OF DEATH

(a) County Dunklin  
(b) City or town Clarkston  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9  
In this community ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Clarkston  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A. ✓ years

3. (a) PRINT FULL NAME

Lizzie Hight 230

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife O. F. Hight

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 1 - 1871

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business

MOTHER FATHER

12. Name Joylor McCowan  
13. Birthplace Miss.  
14. Maiden name Ferris Taylor  
15. Birthplace Ferris

16. (a) Informant Bessie Hight

(b) Address Clarkston Mo

17. (a) Shufield Cem. (b) Date thereof Jan 20 1940

(c) Place: burial or cremation Shufield, cem

18. (a) Signature of funeral director Wm. J. Stimmer

(b) Address Campbell Mo

19. (a) 1-20-40 (b) J. B. Stimmer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1940 hour 2:30 minute PM

21. I hereby certify that I attended the deceased from Jan 15 to Jan 19  
that I last saw him alive on Jan 15 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 73 FT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?

23. Signature Wm. J. Stimmer (M. D. or other)

Address Clarkston Mo Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 240-57

Date Filed 2/9/40

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**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.....

Licensed Embalmer No..... 6

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.