

Registration District No. 754

Primary Registration District No. 5995

Registrar's No. 1441

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

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(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 2
(Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile north Highway 64
10 miles east of Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from
April 15, 1940, to May 2, 1940,
that I last saw him alive on May 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
non epidemic
meningitis and brain involvement
Due to obv. of car

Other conditions senility gain
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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?
675

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Heckler (M. D. or other) _____
Address Wagon mo Date signed 5/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Edward Thomas High

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie High 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 29 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name David High

13. Birthplace Ashland Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Frances W. Mayers

15. Birthplace Duchesne Co. W. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie High

(b) Address Fairdealings mo.

17. (a) Burial (b) Date thereof 5-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealings

18. (a) Signature of funeral director Messie Shish

(b) Address Wagon

19. (a) May 3 1940 (b) Heckler
(Date received by registrar) (Registrar's signature)

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.....

RECEIVED
working under my personal supervision.

District Health Officer No. **5,**

District File Number **540 609**

Date Filed **5-22-80**

Signed

Sydney Mc Cord

Licensed Embalmer No. **40791**

P. O. Address *Hayden, 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, above space should be left blank.