

X21492

Registration District No. 732 Primary Registration District No. 5916 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town R. F. D. Higbee Mo
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town R. F. D. Higbee Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

REC'D DEC 21 1940

8. (a) PRINT FULL NAME Joseph Hand

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 15 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 27 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dont Know
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant C. R. Lewis
(b) Address R. F. D. Higbee

17. (a) Burial (b) Date thereof Nov 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1940 hour 5 minute 10 AM.

21. I hereby certify that I attended the deceased from Oct. 11 1940
to Nov. 12 1940 to Nov. 12 1940, 19____;
that I last saw him alive on Nov. 1, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration several months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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? _____

660 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. H. Rindler
Address Higbee, Mo Date signed 11-19-40

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

3010111

RECEIVED

District Health Officer No. 10

District File Number 12-40-2213

Date Filed DEC 7 1940

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.