

STANDARD CERTIFICATE OF DEATH

Registration District No. 1159

Primary Registration District No. 5549

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Graniteville  
(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 Iron  
(c) City or town Graniteville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harrison Nathaniel Highley

3. (b) If veteran, name war no 3. (c) Social Security No. none

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 July 28 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 6 20 hr. min.

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Lewis Highley

13. Birthplace Belleview Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Baker

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Highley

(b) Address Graniteville Mo.

17. (a) burial (b) Date thereof 4/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address White Ironton Mo.

19. (a) May 8 (b) Mrs. J. A. Townsend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 18<sup>th</sup>  
18<sup>th</sup>, 1941, to April 18<sup>th</sup>, 1941.  
that I last saw him alive on April 18<sup>th</sup>, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
acute bilateral bronchial pneumonia

Due to acute nasopharyngitis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

356 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature P. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 4/22/41

Duration

4/17/41

4/1/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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

*Lynda N. White*

Registered Apprentice No. *277*

working under my personal supervision.

Signed

*Lynda N. White*

Licensed Embalmer No. *3012*

P. O. Address

*Sumner Ave*

**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, fact should be so stated above.**