

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17730

FILED JUN 11 1941
287

Registration District No. 287

Primary Registration District No. 5403

Registrar's No. 7

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

1. PLACE OF DEATH: *Dunklin, Missouri*

(a) County *Dunklin*

(b) City or town *Clarkston*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Home*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community *most of life* years, months or days *Specify whether*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Dunklin*

(c) City or town *Clarkston*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) *0*

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *Otis Franklin Hight*

3. (b) If veteran, name war _____ 3. (c) Social Security No. *498-10-1344*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *3* year *1941* hour *11* minute *45 P.M.*

21. I hereby certify that I attended the deceased from *1st* 1941 to *May 2* 1941 that I last saw him alive on *March 10th* 1941 and that death occurred on the date and hour stated above.

4. Sex *Male* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *2*

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

7. Birth date of deceased *July 2-1879*
(Month) (Day) (Year)

Immediate cause of death *myocarditis* Duration *1 yr*

Due to _____ *137*

Due to _____

8. AGE: Years Months Days If less than one day

61 10 1 hr. _____ min.

Other conditions *atherosclerosis coronary arteries*
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation *Farming*

11. Industry or business _____

12. Name *Robert Hight*

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

14. Maiden name *Jennings*

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

16. (a) Informant *Sam C. Hight* (b) Address *Clarkston*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *5/27/1941* (Month) (Day) (Year)

(c) Place: burial or cremation *Stanfield Cemetery*

18. (a) Signature of funeral director *Lambert Service* (b) Address *Clarkston Mo.*

19. (a) *5-4-41* (Date received local registrar) (b) *J. P. Stewart* (Registrar's signature)

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? _____

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

23. Signature *L. P. Mitchell* (M. D. or other) *0*

Address *Malden Mo.* Date signed *5/4/41*

RECEIVED

District Health Officer No.

District File Number 641-22

Date Filed 6/9/41

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.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.