

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hospital # 32  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days -  
(Specify whether  
In this community 19 days -  
years, months or days)

3. (a) PRINT FULL NAME George Douglas Highley  
(b) If veteran, name was None  
(c) Social Security No. Unknown

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ruth Ellen Webb  
(c) Age of husband or wife if alive known years  
7. Birth date of deceased June 14, 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 9  
If less than one day  
- hr. - min.

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

10. Usual occupation laborer

11. Industry or business None

MOTHER FATHER { 12. Name Bertman Highley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Cooper  
15. Birthplace Bates County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. D. Highley (wife)

(b) Address Rt #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 9-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carthage, Mo.

18. (a) Signature of funeral director Ed Palmer

(b) Address Carthage, Mo.

19. (a) 9-23-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper  
(c) City or town Rural - Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1941 hour 4:45 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 4  
1941, to SEPT 23, 1941.  
that I last saw him alive on Sept 23, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease - Years  
Duration

Due to 93d  
Due to

Other conditions Auxiliary Fibrillation  
(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?

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

23. Signature Russ H. Potter (M. D. or other) M.D.  
Address Stevada, Mo. Date signed 9-23-41

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

008

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1739

Date Filed 10-9-41

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.

*This body will be  
embalmed*

Signed

*John D. Penney*

Licensed Embalmer No. 41941

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.