

STANDARD CERTIFICATE OF DEATH

15311

State File No. \_\_\_\_\_

Registrar's No. 76

Registration District No. 102

Primary Registration District No. 5971

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

1. PLACE OF DEATH: Randolph  
 (a) County Randolph  
 (b) City or town Rural Union  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: R.F.D. #3 Moberly MO.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community 37 years.  
years, months or days

3. (a) PRINT FULL NAME MABEL HIGNITE  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female 5. Color of race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Milt Hignite  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased March - 4 - 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 4  
 If less than one day hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER  
 12. Name Milo Jackson  
 13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Adeline Davis  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Brewitt  
 (b) Address R.F.D. #3 Moberly MO.

17. (a) Burial (b) Date thereof Apr - 9 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Moberly MO.

18. (a) Signature of funeral director Snow Funeral Home  
 (b) Address Moberly MO.

19. (a) 4-8-42 (b) Irma Nave  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Rural Union  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #3 Moberly  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 8<sup>th</sup>  
 year 1942 hour 4 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from Nov 1  
42 to April 8 1942  
 that I last saw her alive on April 6 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma  
throughout abdomen & chest  
 Due to Dist lesion in uterus  
 Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings: H&H  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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 D  
 23. Signature H. A. Buffett (M. D. or other) \_\_\_\_\_  
 Address Moberly Date signed 4/19/42

RECEIVED

District Health Officer No. 10

District File Number 5-42-1153

Date Filed MAY 19 1942

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.....

*R. M. Cater*

Licensed Embalmer No. 4117

P. O. Address Moberly 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, fact should be so stated above.