

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3967

~~FILED~~ NOV 9 1942
Registration District No. 149

Primary Registration District No. 1602

48
863

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Kansas City TB Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo 3 days
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 917 Central
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Glen R. Hightower

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-07-0694

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 5:37 pm minute _____ M.

21. I hereby certify that I attended the deceased from 10/13
1942 to 10/17 1942

that I last saw him alive on 10/17 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased: Sept 23 1902
(Month) (Day) (Year)

Immediate cause of death _____

Pulmonary Tuberculosis

Due to _____

Due to 13 B

Other conditions _____
(Includes pregnancy within 3 months of death)

8. AGE: Years 40 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mag. Salesman

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Eratus Hightower

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

14. Maiden name Edna M. Davis

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

16. (a) Informant Record Clerk

(b) Address Rec'd T.B. Dept

17. (a) Burial (b) Date thereof 10-26-42
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Wm. A. Brown

(b) Address City, Mo.

19. (a) 10-27-42 (b) M. M. Brown
(Date received local registrar) (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? _____

23. Signature W. A. Brown (M. D. or other) _____
(Specify type of place) Means of injury

Address W. A. Brown, 1100 N. 1st St., Kansas City, Mo. Date signed _____

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 comply with the above constitutes grounds for revocation of license.)

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