S. No. 2
M—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26413

State File No.

FILED JUL 20 1943

Registration District No. 393

Primary Registration District No. 6270

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Webster

(b) City or town: Rural - Union township
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED: 112

(a) State: Missouri (b) County: Webster 0

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Union Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Sarah Elizabeth Hightower

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Thomas Luther Hightower

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

7. Birth date of deceased: October (Month) 27 (Day), 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	no	x hr. x min.

9. Birthplace: Webster Co., (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Samuel Rowe
13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Hood
15. Birthplace: Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant: Mitchell Hightower
(b) Address: Niangua, Mo.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof: 5-28-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Niangua

18. (a) Signature of funeral director: Earl Jaimey
(b) Address: Marshfield, Mo.

19. (a) JUNE 10, 43 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from January, 1937, to about Jan., 1943 and that I last saw her alive on about Jan., 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration over 10 years

Due to:

Due to:

Other conditions: Arteriosclerosis, General — over 10 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

61

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: C. P. Macdonald (M. D. or other) M.D.

Address: Marshfield, Mo Date signed: 5/28/43

1344

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 743-872
Date Filed JUL 16 1943

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.