

FILED JUL 13 1945
Registration District No. 185

Primary Registration District No. 5579

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral Wells
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper 607 B Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Howard E. Highfill
3. (b) If veteran, name war no
3. (c) Social Security No. 500-12-8429

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1944 hour 1 minute 05 P.M.

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4 1944 to June 6 1944
that I last saw him alive on June 6 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 22 Months 11 Days 24
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 13 1/2
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Cab driver

11. Industry or business _____
12. Name Howard E. Highfill
13. Birthplace Kauffman
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lane
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Records
(b) Address _____
17. (a) Burial (b) Date thereof 6/8/44
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director Mrs. J. J. ...
(b) Address Springfield
19. (a) June 6 1944 (b) Mrs. J. J. ...
(Date received local registrar) (Registrar's signature)

23. Signature June E. Daylan (M. D.)
Address Chubb City Mo Date signed 6/4/44

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

1180

44-6-549

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

Ray A. Brown

Licensed Embalmer No. *1763*

P. O. Address

Springfield 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.