

Registration District No. 248

Primary Registration District No. 5844 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 14 years
years, months or days

3. (a) PRINT FULL NAME ROLLI HIGHTOWER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male race white

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 1st 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 23
If less than one day hr. min.

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

10. Usual occupation Farmer + Stockman

11. Industry or business

12. Name Andrew Hightower

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

14. Maiden name

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

16. (a) Informant Miss Pete Bellm

(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof 6-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director P. Garner

(b) Address W. Main St

19. (a) June 28 1944 (b) Nette Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 4
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
-year 1944 hour 4: A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 26 1943 to August 10 1944
that I last saw him alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 6 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
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

23. Signature John B. Roberts (M. D. or other) D.O.
Address Seneca Mo. Date signed 6-27-44

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

MOTHER FATHER

1352

RECEIVED July 3
District Health Officer No. _____
District File Number 744-248
Date Filed July 7, 1944

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 Robert Sidwell
Licensed Embalmer No. 738 - Okla.
P. O. Address Commure, Okla.

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.