

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28592

State File No.....

FILED SEP 13 1944

Registration District No. 285

Primary Registration District No. 442

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee 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.....  
(Specify whether

In this community 68yrs 7mo 26da.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee Mo.  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mrs Ebbie Francis Ketchum

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

3. (c) Social Security No.....

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Dec 13 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 7 26 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Jim Sumpter

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

14. Maiden name Cheness Medrith

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

16. (a) Informant Shelton Ketchum

(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Aug 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) Aug 20-44 (b) Mrs. R. W. Dreyfus  
(Date received local registrar) (Registrar's signature)

1627 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1944 hour 8 minute 45 PM.

21. I hereby certify that I attended the deceased from July 15 1942 to July 9 1944  
that I last saw him alive on July 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular of stomach (primary)  
Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 46 lb

Major findings: Of operations.....

Of autopsy.....

Duration

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 [Signature] (or other).....  
Address [Address] Date signed 8-15-44

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10-  
District File Number 9-44-1583  
Date Filed SEP 12 1944

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**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 AP M Lary  
Licensed Embalmer No. 3153  
P. O. Address Glasgow 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.**