

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34663

State File No.

Registration District No. 183

Primary Registration District No. 4298

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linn
(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) 1

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

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

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

3. (a) PRINT FULL NAME SARAH E. HIGHFILL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

1 Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

4. Sex Female

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

7. Birth date of deceased March 16 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name John Leguire

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

14. Maiden name Annissa Tall

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

16. (a) Informant Mrs Gladys Myers

(b) Address Millan, Missouri

17. (a) Burial (b) Date thereof 10/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Canbury Home Club Co.

18. (a) Signature of funeral director Home Club Co.

(b) Address Linn, Missouri

19. (a) Oct. 21 1944 (b) Mrs C. E. Woolf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER Day 19
Year 1944 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9/28/44
to 10/19/44, 19____, to 10/19/44, 19____,
that I last saw her alive on 10/19/44, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis
glomerulonephritis

Due to _____

Due to _____

Other conditions 130
(Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature Deschille 2 M.D.
Address Linn, Mo Date signed 10/20

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

8000

DEC 7 1944

DEC 8 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..... *Deer A. Taylor*

Licensed Embalmer No. *3761*

P. O. Address *Quincy, 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.