

**FILED NOV 10 1944**

Registration District No. **296**

Primary Registration District No. **4442**

Registrar's No. **46**

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: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community About 60vrs.  
years, months or days

3. (a) PRINT FULL NAME Robert Fred Laight.

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

4. Sex Male 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 Oct 10th 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 II 25 hr. min.

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

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name George Laight.

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

14. Maiden name Demarias Milnes.

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

16. (a) Informant Mrs John Lambier.

(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Oct 10 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) Oct 14 1944 (b) Mrs. J. H. Deyer  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1944 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 12 1944 to Oct 2 1944  
that I last saw him alive on Oct 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of right lung

Due to \_\_\_\_\_  
Due to 47d

Other conditions Cardiac decompensation  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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 2

23. Signature V. L. Robinson (M. D. or other) DO  
Address Higbee, Mo. Date signed 10/11/44

1027

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1220

Date Filed NOV-6-1944

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 *Tommy Craig*

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.