

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36871

**FILED FEB 7 1946**  
Registration District No. 149  
Primary Registration District No. 1002

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

1028

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1627 Jefferson /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 Yrs  
years, months or days

3. (a) PRINT FULL NAME Eratus R. Hightower  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-10-2311

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Edna Hightower  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 9 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
MOTHER FATHER {  
12. Name George W. Hightower  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Coiner  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Eberhardt  
(b) Address 3823 Elmwood

17. (a) Burial (b) Date thereof Jan 21 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn

19. (a) 1-21-46 (b) Stedline Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1627 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18  
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Reputy Coronary Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 94a

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy History

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)  
(c) Manner of injury \_\_\_\_\_  
23. Signature A. E. Cooper (M. D. or D. O.)  
Address 2800 Main Date signed 1/19/46  
K.C. Mo.

**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..... *Orland Minor* .....

Licensed Embalmer No. *3414* .....

P. O. Address. *918 Brooklyn* .....

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.