

FILED MAY 9 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 342

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. Johns Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
72 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 459 Cherry
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary T. High

(b) If veteran, No name war

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 7 minute 30p.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas. V. High

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

7. Birth date of deceased: April 26, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 9
1946 to April 21, 1946
that I last saw her alive on April 21, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 25
If less than one day hr. min.

Immediate cause of death Cardiatory failure

Due to Squamous Cell Carcinoma of Oesophagus with metastasis to suprahilar and deep iliac lymph nodes and inguinal nodes

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace: Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Rest Home Operator

Major findings: Squamous Cell Ca. with metastasis to inguinal & iliac nodes - 20 autopsy

(Of autopsy) 20 autopsy

PHYSICIAN 450

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Name Webb

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

14. Maiden name Quintilla Gault

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

16. (a) Informant Carl V. High

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 4/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (c) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-24-46 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury 0

23. Signature Thomas E. Ferrell (M. D. or other) M.D.
Address Springfield, Mo. Date signed 4/23/46

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

11744

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.....

Roy H. Mercer, Jr.

, Registered Apprentice No. 380

working under my personal supervision.

Signed.....

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

X