

FILED JUN 12 1946

Registration District No. 107

Primary Registration District No. 4173-5393

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Rural
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas (34)
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
Route 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from June
1933 to April 26, 1946
that I last saw her alive on 4-26-1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Duration 4 days

Due to: Cerebral Apoplexy 3 yrs

Due to: Chronic Myocarditis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: 93d
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) (2) Means of injury 0

23. Signature M. C. Gentry (M. D. or other) _____
Address Ava, Mo Date signed 6-20-46

3. (a) PRINT FULL NAME Celia Spurlock Hightower

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: January 1, 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>3</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Zeak Eslick

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

14. Maiden name Elizabeth Larler

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

16. (a) Informant Ava, Missouri

(b) Address Celia Blair

17. (a) Burial (b) Date thereof 4-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitescreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (c) May 23-46 (b) Wesley Bushman
(Date received local registrar) (Registrar's signature)

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

34

50

15091

RECEIVED

District Health Officer No. 6,

District File Number 646-658

Date Filed JUN 15 1946

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address One Two

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.