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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1946

State File No. 16953

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County E. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 20 Independence, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 208½ No Main (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Hightower

3. (b) If veteran, name war none

3. (c) Social Security No. 494-14-0046

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 23 (Day) 1885 (Year)

8. AGE: Years 60 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Joseph C. Hightower
13. Birthplace Green County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia A. Hightower
15. Birthplace Texas County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Grover C. Hightower

(b) Address 208½ North Main, Indep. Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 2, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address 101 No. Pleasant

19. (a) 5/2/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1946 hour minute 1:30 P.M.

21. I hereby certify that I attended the deceased from April 25, 1946, to May 2, 1946; that I last saw him alive on May 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Cardiac decompensation

Due to Hypertension and

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 400 Plaza Med Bldg Date signed 5/3/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1945

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 Raymond M Martin

Licensed Embalmer No. 4150

P. O. Address Independence, 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.