

S. No. 2
 BM-5-43
 r. 5-17-39
 I X38671

FILED SEP 15 1947
 Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
808 S. Newton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Thirteen Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Simon Highbarger
 3. (b) If veteran, name war No. 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race W. 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 April 1, 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Retired clerk of Gen. Store

11. Industry or business Frisco R.R.

12. Name Henry Highberger

13. Birthplace Scotland County Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Williams

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

16. (a) Informant Henley Highbarger

(b) Address 808 S. Newton

17. (a) Burial (b) Date thereof 8/14/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address 458 E. Walnut Spfg. Mo.

19. (a) 8-13-47 (b) W. E. Handley MD
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 808 S. Newton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
 year 1947 hour 12 minute 18 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1947, to Aug 11, 1947;
 that I last saw him alive on Aug 11, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
 Duration 10 years

Due to Age

Due to no

Other conditions no
 (Include pregnancy within 3 months of death)

Major findings: no
 Of operations _____

Of autopsy no

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) no

(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) (i) Means of injury _____

23. Signature Robert F. Williams (M. D. or other) no
 Address Springfield Mo Date signed 8-12-47

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 *Roy H. Mercer Jr.*

Licensed Embalmer No. *4432*

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.