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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44224**

FILED FEB 3 1948
Registration District No. **100**

Primary Registration District No. **5389 4556**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **DENT**
(b) City or town **BUNKER**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DENT** 33
(c) City or town **BUNKER** 0
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN WILLIAM HIGHLEY**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **M** race **W** 5. Color or divorced **S**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **MAY 26 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 29 hr. min.

9. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business.....

12. Name **JOHN HIGHLEY**

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

14. Maiden name **HANNAH**

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

16. (a) Informant **Ernie Highley**

(b) Address **BUNKER, MO**

17. (a) **BURIAL** (b) Date thereof **12-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bay Cem.**

18. (a) Signature of funeral director **W. L. Spencer**
(b) Address **SALEM, MO**

19. (a) **1-13-48** (b) **John Highley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **25**
year **1947** hour **12:15** minute **PM**

21. I hereby certify that I attended the deceased from **I do not know this**, 19..... to **Dec 25**, 1947
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Infermeries of age**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **16 2 B**
Of autopsy.....

PHYSICIAN

Underline the cause of 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 **D**

23. Signature **L. L. Henson** (M. D. or other).....
Address **Bunker, Mo.** Date signed.....

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

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RECEIVED

District Health Officer No. 5

District File Number 14875

Date Filed 1-29-48

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, ~~by~~ _____

Registered Apprentice No. _____
working under my personal supervision.

Signed Wm. W. McDonald
Licensed Embalmer No. 3806
P. O. Address Salina, 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.