DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29119

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Carroll

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

(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 All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Carrollton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 408 E. 4th 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Richard Highsmith

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Benora Lane Highsmith

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. 24 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	0	hr. min.

9. Birthplace Dewitt (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Porter

11. Industry or business Barber Shop

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Benora Highsmith
(b) Address Carrollton Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation African Oak Hill

18. (a) Signature of funeral director Marshall Fun. Ho.
(b) Address Carrollton

19. (a) 10/7/48 (Date received local registrar) (b) Mrs Herbert Calmb (Registrar's signature) 45

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 24th
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from May 17, 1948, to Sept 24, 1948
that I last saw him alive on Sept 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral & Generalized Arteriosclerosis	yrs
Cerebral Thrombosis	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 7
Of autopsy 9

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 0

23. Signature John H Platz (M. D. or ~~other~~)

Address Carrollton, Mo Date signed 9/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-48

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R M Marshall Jr

Licensed Embalmer No. 2469

P. O. Address Carrollton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.