

FILED OCT 13 1948

Registration District No. 200

Primary Registration District No. 2000

Registrar's No. 874

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 525 615 N. MAIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 YEARS (Specify whether years, months or days)

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. 525 W. Scott (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Judy Ann Highfill

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. P. Highfill 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Jan. 21 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>20</u>	hr. min.

9. Birthplace Quincy Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Doug. Wilson

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

14. Maiden name Unknown

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

16. (a) Informant Noah Highfill

(b) Address Springfield

17. (a) burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Greenlawn

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield Mo

19. (a) 10-12-48 (b) W E Handley M D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Apr. 18 1947 to Oct. 11 1948 that I last saw her alive on Oct. 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chronic Cardiovascular disease 4 yrs

Other conditions Cancer of liver
(Include pregnancy within 3 months of death)

Major findings: Of operations Hx
Of autopsy

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) (e) Means of injury

23. Signature W E Handley (M. D. Registrar)
Address Springfield Mo Date signed 10-11-48

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

MOTHER FATHER

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. P. Rhodes

Licensed Embalmer No.

40710

P. O. Address.....

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.