

FILED SEP 25 1940
732

STANDARD CERTIFICATE OF DEATH

State File No. 9

Registration District No. 732

Primary Registration District No. 4437

Registrar's No. 732

1. PLACE OF DEATH:

(a) County RANDOLPH
(b) City or town HIGBEE Mo., Madison Twp
(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 2
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MAGGIE CLEETON 435

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

4. Sex FEMALE 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 8 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 26 hr. min.

9. Birthplace RANDOLPH Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name W. M. C. CLEETON
13. Birthplace RANDOLPH Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name JULIA FRANCIS HAMILTON
15. Birthplace RANDOLPH Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Cleeton
(b) Address Higbee Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 5 1940
(Month) (Day) (Year)
(c) Place: burial or cremation HAMILTON CEMETERY

18. (a) Signature of funeral director Shady Funeral Home

(b) Address Madison Mo. R. Gambier

19. (a) Sept - 9 - 1940 (b) J. W. Winn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH
(c) City or town HIGBEE
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1940 hour 11:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 1940 to Sept 3, 1940; that I last saw her alive on Sept 3 and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma of the right lung- metastasis to axilla, right arm, opposite lung, and regional lymph glands.

Other conditions (Include pregnancy within 3 months of death) 47

Major findings: Of operations None performed Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] Address Higbee Mo Date signed 9-4-40

Duration
18 mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1797

Date Filed SEP 18 1940

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. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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, above space should be left blank.