

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
(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 74 years
years, months or days

8. (a) PRINT FULL NAME KARINE H. PAGE
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George H. Page 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 4 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
 12. Name John J. Owens
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Walker
 15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Page
 (b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Oct 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director B. S. Zahrad
 (b) Address Higbee Mo.

19. (a) Oct 23 1940 (b) J. H. Kinney
(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 Oct day 21 1940
 year _____ hour 5 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Feb 7 1940 to Oct 30 1940
 that I last saw her alive on Oct 20 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis chronic Duration 2yr

Due to _____
 Due to _____

Other conditions myocarditis 6 wks
(Include pregnancy within 6 months of death)

Major findings:
 Of operations no
 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) _____
 (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?
no

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

23. Signature J. H. Kinney (M. D. or other) M.D.
 Address Higbee Mo. Date signed 10/23/40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2183

Date Filed NOV 15 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.....

C. L. Ireland

Licensed Embalmer No.....

1399

P. O. Address.....

Higbee

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.