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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 31 1947

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pettis Co.
(b) City or town Smithton Mo.
(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 2 months. years, months or days)

3. (a) PRINT FULL NAME Phillip Higgins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Feb 6 1847
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
100 1 1 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Ward Higgins
13. Birthplace Dont Huber 9
(City, town, or county) (State or foreign country)

14. Maiden name Ward Higgins
15. Birthplace Dont Huber 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. L. Higgins
(b) Address 401 S. New York

17. (a) Burial (b) Date thereof 3-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cym.

18. (a) Signature of funeral director Walter E. Williams

(b) Address California, Mo.

19. (a) 3-8-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer) Statement on Reverse Side

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Centerton Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 1947 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 3-3-47 1947 to 3-6-47 1947
that I last saw him alive on 3-6-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
(Left)
Due to _____
Due to _____

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

Major findings: _____
Of operations 100
Of autopsy _____

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? _____

While at work _____ (Specify type of place or means of injury)

23. Signature [Signature] (M. D. or D. O.) [Signature]
Date signed 3/7/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-29-47

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 Hugh E. Hellman

Licensed Embalmer No. 3537

P. O. Address California 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.