

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24266
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002 Registered No. 2771
(c) City Kansas City (d) Street No. K C Gen Hosp St. 2771
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 13217 West St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1871
7. AGE YEARS 67 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Isaac Higgenbotham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (NAME) Mrs. Carrie Higgenbotham
(ADDRESS) 13217 West18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Cemetery DATE July 10, 193819. FUNERAL DIRECTOR (NAME) A. P. Dehler
(ADDRESS) 1415 E. 1520. FILED 7-10 1938 M. M. Crowe, esq. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8 193822. I HEREBY CERTIFY, That I attended deceased from 6-13 1938 to 7-8 1938I last saw him alive on 7-8 1938 Death is saidto have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Ulcer of stomach Date of onset
or Carcinoma
of stomach 46

Other contributory causes of importance:

Hypertensive Disease
Pneumonia

Name of operation none Date of noneWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify

(Signed) A. P. De Maria M. D.(Address) 222 E. C. Gen Hosp

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.....

Licensed Embalmer No.....

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, above space should be left blank.