Ferguson

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

REC'D AUG 24 1938

Do not use this space. 25364

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 595
(c) City Springfield — (d) Street No. 846 E. Grand St. (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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse C. Higgs
(a) Residence, No. 846 E. Grand St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene Higgs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 17 1859

7. AGE: 78 YEARS — MONTHS: 9 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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): Helena Ark

FATHER
13. NAME: John Higgs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

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

17. INFORMANT (ADDRESS): Mrs. Hiram McManus, 846 E. Grand Springfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE July 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heramn Lohmeyer, Springfield Mo

20. FILED July 30 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28 1938

22. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...
I last saw him dead on July 28, 1938 Death is said to have occurred on the date stated above, at 1245am
The principal cause of death and related causes of importance were as follows:

Senility — Date of onset

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Other contributory causes of importance:

Name of operation —— Date of ——
What 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? no
If so, specify
(Signed) J. P. Ferguson Coroner, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, M. L. Canaday, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.