

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

344  
Do not use this space.

REC'D FEB 10 1939

**1. PLACE OF DEATH**

(a) County ..... 2 ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City ..... (d) Street No. **1719a N. Jefferson Ave.** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**252** Betty Ann Higgins  
 (a) Residence, No. **1719a N. Jefferson Ave.** St. **20**  
 (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daughter of Thos. Higgins		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>2-24-34</b>		
7. AGE YEARS 4	MONTHS 10	DAYS 15
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>nil</b>	
	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) <b>Paragould Ark.</b>		
FATHER	13. NAME <b>Thomas Higgins</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Paragould Ark.</b>	
MOTHER	15. MAIDEN NAME <b>Opal Wells</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Boynton Ark.</b>	
17. INFORMANT (ADDRESS) <b>Thos. Higgins 1719a N. Jefferson</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Paragould, Ark.</b> DATE <b>1-11-</b> 19 <b>39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Suedemeyer &amp; Sons 3934 N. 20th St.</b>		
20. FILED <b>1-10-39</b> 19 <b>J. J. Predeck</b> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9, 1939** 19

22. I HEREBY CERTIFY, That I attended deceased from **11-21-38**, 19, to **1-9-39**, 19.

I last saw her alive on **1-9-39**, 19. Death is said to have occurred on the date stated above, at **11:30p**.

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

Other contributory causes of importance: **106**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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?  
 If so, specify .....  
 (Signed) **Russell Blasen** **P.D.O.**  
 (Address) **4032 A.W. Florissant**

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.

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**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 Geo P Schubert

Licensed Embalmer No. 2212

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.**