

REGD APR 17 1939

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

9339

Do not use this space.

Registered No. 945

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Faw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Reserret Hospital 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 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5122 Paseo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lillie C. Higdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 1866

7. AGE YEARS 73 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Consulting Attorney
9. Industry or business in which work was done, as saw mill, bank, etc. attorney life ins.
10. Date deceased last worked at this occupation (month and year) Nov. 1933. 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Brantley Higdon

14. BIRTHPLACE (CITY OR TOWN) Lynn (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Hester Ann King

16. BIRTHPLACE (CITY OR TOWN) Hallsville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Lillie C. Higdon
5122 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 4 1939

19. FUNERAL DIRECTOR (NAME) D. H. Newcomer (ADDRESS) Brushcreek & Paseo

20. FILED 3-2 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Mar. 1 1939
I last saw him alive on Mar. 1 1939 Death is said to have occurred on the date stated above, at 10:35 P.
The principal cause of death and related causes of importance were as follows:

Right side heart failure
of Hypertensive-arterio-
sclerotic Cardio-Vascular-
renal disease. Date of onset ? years.

Other contributory causes of importance: 31

Name of operation _____ Date of _____

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

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 Donald St. Block, M.D. (Signed) 924 Prof Bldg. Kan. Cit. Mo. (Address)

Prof - 018481

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..... *H. C. Newcomer Jr*
Licensed Embalmer No. *4043*

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.