

REC'D APR 17 1939

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

9688
Do not use this space.
1294

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kearney Primary Registration District No. 1002 Registered No. 1294
 (c) City Kansas City, Mo. (d) Street No. Childrens Mercy 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Richard Higginbotham

(a) Residence, No. 51 Richard Higginbotham St. Courtney, Mo.
 (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Independence, Mo.
 (STATE OR COUNTRY) Mo.

13. NAME Clarence Higginbotham

14. BIRTHPLACE (CITY OR TOWN) Medicine, Mo.
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rosetta Atwood

16. BIRTHPLACE (CITY OR TOWN) Warren, Kansas
 (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mr Higginbotham
Cement City

18. BURIAL, CREMATION, OR REMOVAL PLACE Indep yes DATE Mar. 26 1939

19. FUNERAL DIRECTOR (NAME) Edo R. Sparks
 (ADDRESS) Indep. Mo.

20. FILED Mar 25 1939 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 23, 1939
 I last saw him alive on March 23, 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Strep wound
Septicemia
metastatic abscesses
Spleen & lung
 Date of onset 11:50 a
 Other contributory causes of importance:
Acute
Strep wound pharynx

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) W. S. ... M. D.
 (Address) 5017 W. ...

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, or by 3604
Roland R. Speaks,
Registered Apprentice No. _____
working under my personal supervision.

Signed Roland R. Speaks
Licensed Embalmer No. 3604
P. O. Address Independence, Mo

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

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