

NOV 7 1939

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

35732

Do not use this space.

## 1. PLACE OF DEATH

(a) County Carroll Registration District No. 138  
 (b) Township Egypt Primary Registration District No. 4878 Registered No. 24  
 (c) City N. Osborne (d) Street No. Cole Hospital, N. Osborne, Mo. St. Mo.  
 (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. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Cora Mable Frank Higgs  
 (a) Residence, No. Harden, Mo. St. Mo. (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 female 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 J. W. Higgs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21<sup>st</sup> 1878

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.  
61 4 24

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. Housewife  
 10. Date deceased last worked at this occupation (month and year) Aug. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Timberville Virginia

FATHER 13. NAME William Frank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Nancy Jane Cummins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Jae Higgs Harden, Mo.

18. (BURIAL) CREMATION, OR REMOVAL PLACE Wakarusa DATE Oct 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. W. Knipschild Harden, Mo.

20. FILED Oct 17, 1939 B. C. Cole Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-7- 1936, to 10-16- 1939

I last saw her alive on 10-16- 1939 Death is said to have occurred on the date stated above, at 12-22a

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

Gastric ulcer

Date of onset 1-7-36

Other contributory causes of importance:

Diabetes Mellitus

2-6-35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis: Bell's 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) B. C. Cole, M. D.

(Address) N. Osborne, Mo.

RECEIVED  
District Health Officer No. 8  
District File Number 11739  
Date Filed

STATEMENT BY LICENSED EMBALMER

I, John W Knipschild, Licensed Embalmer No. 2789

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MAN

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John W. Knipschild  
Licensed Embalmer No. 2789

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.)