

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

44919  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Vernon Registration District No. 876  
 (b) Township Richland Primary Registration District No. 6163  
 (c) or City 1 Registered No. ....  
 (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 SARA R. Higdon  
 (a) Residence, No. Richland, Mo. RFD#1 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1876

7. AGE: YEARS 67 MONTHS 11 DAYS 24 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. Housekeeper  
 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) Kentucky

FATHER  
 13. NAME Joseph M. Hamilton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Mary E. Nudlag  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT P. Thomas Higdon  
 (ADDRESS) Rt. 1, Richland, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Moore Cemetery DATE Dec 4, 1939

19. FUNERAL DIRECTOR (NAME) Felix Funeral Home  
 (ADDRESS) Nevada, Mo

20. FILED Dec 12 1939 Stella Field  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1939

22. I HEREBY CERTIFY That I attended deceased from July 10, 1939 to Nov 30, 1939  
 I last saw him alive on Nov 28, 1939 Death is said to have occurred on the date stated above, at 8 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Cornary Thrombosis  
94%  
 Other contributory causes of importance:  
General Debility  
Indigestion

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) M. D. [Signature] M. D.  
 (Address) Steelefield

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*JAN 25 1940*

*235*

*235*

RECEIVED

District Health Officer No. 7,

District File No. *603* *1-40-47*

Date Filed *1-9-40*

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 *Personally*

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

Signed *Lloyd R. Winsett*

Licensed Embalmer No. *3857*

P. O. Address *Avada, Mo.*

**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.**