

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10763

Registration District No. 234

Primary Registration District No. 6819

Registrar's No. \_\_\_\_\_

28

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Crawford  
(b) City or town Dick Hill MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME George Brandon Higgins  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Nancy Sawyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 27 1852  
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Jae Higgins  
13. Birthplace Mo. Roubidoux  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Womack  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Higgins  
(b) Address Cuba Mo

17. (a) Home cemetery (b) Date thereof 3 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Phos. P. Shaffer

(b) Address Sullivan Mo

19. (a) Mar 20/40 (b) Ma. Belle Rogers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Crawford  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No Cubam Mo RR  
(If rural, give location)  
(e) If foreign born; how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6  
year 1940 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 4 1940 to Mar 6 1940  
that I last saw him alive on Mar 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions AIW  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. F. Drury Jr (M. D. or other)  
Address Gearburg Date signed 3-24-40

**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 me.....

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

Signed Pho. P. Chaffer.....

Licensed Embalmer No. 2692.....

P. O. Address Sullivan, 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.**