

No. 2
1-10-39
-17-39
X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12213

State File No. _____

APR 23 1940
Registration District No. 759

Primary Registration District No. 6000

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Charles, Call
(b) City or town Wentzville Rural
(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 2
(Specify whether
In this community 71-10-14
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo
(b) County St. Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1940 hour 2 minute P M.
21. I hereby certify that I attended the deceased from March
7, 1940 to April 4, 1940
that I last saw him alive on April 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Insufficiency

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

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?

While at work? _____
(Specify type of place) (e). Means of injury

23. Signature Rhue Miller (M. D. or other) !
Address Frontier Mo Date signed _____

3. (a) PRINT FULL NAME Robert W Higginbotham

3. (b) If veteran, name war _____ 3(c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21 - 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pointell Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Higginbotham

13. Birthplace Point Known Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dyer

15. Birthplace Point Known Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Higginbotham
(b) Address Wentzville Mo

17. (a) Interment (b) Date thereof Apr 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pointell Mo

18. (a) Signature of funeral director W. A. Pitman
(b) Address Wentzville, Mo

19. (a) April 6-40 (b) O.A. Hub
(Date received local registrar) (Registrar's signature)

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

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.....

T. E. Petrucci

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.