

**AUG 14 1940**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24403

State File No. 3013

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 WKS.  
In this community 38 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY HIGGINS 257

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 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 Febr., 22, 1879.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 5 hr. 5 min.

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

10. Usual occupation Housework

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

12. Name Richard Higgins

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Higgins

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Higgins  
(b) Address 4039 Flora

17. (a) burial (b) Date thereof 7/30/40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director [Signature]

(b) Address 20 W. Woodward Acme

19. (a) July 29, 1940 (b) M. M. Cruise  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4038 Flora  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 38 yr's. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27  
year 40 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right humerus

Due to Motor Car (Passenger)

Other condition Cerebral thrombosis. Defect in aphasical area

Major findings of operations \_\_\_\_\_  
Of autopsy See above 210775 25

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 7/6/40  
(c) Where did injury occur Rockport Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Injury 5

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

23. Signature [Signature] (M. or P.M.)  
Address [Signature] Date signed 7/29/40

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Maurice J. [Signature]*

Licensed Embalmer No. 3634

P. O. Address 70 W. Lenwood

**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.**