DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24736

State File No.

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 207

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town [illegible] (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 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town POPLAR BLUFF (If outside city or town limits, write "RURAL")

(d) Street No. 506 Poplar St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JEFFERY FRANKLIN HIGGINS

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 MARRIED

6. (b) Name of husband or wife KITTIE HIGGINS

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept (Month) 19 (Day) 1854 (Year)

8. AGE: Years 85 Months 9 Days 10 If less than one day hr. — min.

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

10. Usual occupation Retired Fireman

11. Industry or business

FATHER
12. Name Jeffery F Higgins
13. Birthplace Birmingham England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Jones
15. Birthplace Cynthiana Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel E Phelps

(b) Address Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director N. T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 7/14/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1940 hour 5:55 minute P.M.

21. I hereby certify that I attended the deceased from June 29, 1940, to 29, 1940; that I last saw him alive on June 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 hrs
Due to Coronary sclerosis	unknown
Angina Pectoris	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 B

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B J Macauley (M. D. or other)

Address Poplar Bluff Mo Date signed 7-7-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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. [redacted]

working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.