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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27673

State File No. 3307

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: Jackson

(a) County _____

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4312 Washington 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 65 yrs.
years, months or days

3. (a) PRINT FULL NAME Rosa Higbee (Rosa Higbee) 210

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 12 1862
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	7	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Brown

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

14. Maiden name Unknown

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

16. (a) Informant Arhentrick Higby

(b) Address 4312 Washington

17. (a) burial (b) Date thereof 8/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) Aug. 21, 1940 (b) M. M. Ervine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) 0 Missouri (b) County Jackson

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

(d) Street No. 4312 Washington
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1940 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 31, 1940, to August 19, 1940
that I last saw her alive on August 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Hypertensive type heart disease

Due to Possible Cu of the stomach

Other conditions 95 B

(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Not autopsy

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 Wm. Dickes (M. D. or other) _____
Address 1703 Pines K. B. Mo Date signed 8/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Gilkes. 12th & Passes.

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 *Isaac Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *1120 E. 23rd St*

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, fact should be so stated above.