

No. 2
1-10-39
-17-39
X21492

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1699

Registration District No. 8

Primary Registration District No. 203

Registrar's No. 1

I. PLACE OF DEATH:

(a) County Benton
(b) City or town Lindsay Warsaw Mo
(c) Name of hospital or institution: Rural
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Louis T. 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 married
6. (b) Name of husband or wife Ida Higgins 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 11 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 30 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Phillips Higgins
13. Birthplace Texas
14. Maiden name Elizabeth Higgins
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Higgins
(b) Address Warsaw Mo

17. (a) Burial (b) Date thereof Jan 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director White & Reser
(b) Address Warsaw Mo

19. (a) 1-2-1941 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Lindsay "Toumaquig" Warsaw Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1940 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from 1-1-1930 to Dec 31 1940
that I last saw him alive on Dec 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis
Due to Nephritis Duration 10 yrs
15 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) 1718

Major findings: none
Of operations _____
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 X
(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? 65
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature R. G. Savage (M. D. or other) M.D.
Address Warsaw Date signed 1/1/41

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-240

Date Filed 2-6-41

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.....

John I. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.