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X26390

Registration District No. 18

Primary Registration District No. 5575

**FILED JUL 18 1948**  
21

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

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Rural Josephine Mo.  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Peter K. 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. Name of husband or wife Bertrude E. Higgins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 10 - 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 9 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

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

10. Usual occupation Owner Telephone

11. Industry or business Exchanges

12. Name Peter Higgins

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

14. Maiden name Elizabeth Kerr

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

16. (a) Informant Mrs Bertrude Higgins

(b) Address 7227 Dartmouth, University City

17. (a) Burial (b) Date thereof 6-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Thomas, Ky

18. (a) Signature of funeral director C. R. Lupton

(b) Address 7226 Delmar, N.C. mo

19. (a) 6/30/48 (b) J. E. Rutledge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7227 Dartmouth  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death Cancer Duration  
Verdict - By natural causes  
probable acute indigestion

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? no

392 (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature Cliffment Ading Caron (M.D. or other) \_\_\_\_\_

Address Kennett Mo Date signed \_\_\_\_\_

SEP 10 1941

POST 2  
1941

**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 Bradford P. Miller

Licensed Embalmer No. 2901

P. O. Address St. Louis 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, fact should be so stated above.**