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FILED AUG 7 1941

Registration District No. 556

Primary Registration District No. 4328

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(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 ✓
In this community all his life! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer Co.
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Lionel Higgins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 22 1941 to July 23 1941
that I last saw him alive on July 23 1941 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hester Higgins 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased May 23 1908 (Month) (Day) (Year)

Immediate cause of death Homicide
Duration day

8. AGE: Years 33 Months 1 Days 29 If less than one day hr. _____ min. _____

Due to Head striking board Floor

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

Due to _____
Other conditions (include pregnancy within 3 months of death) 16

10. Usual occupation Barber

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William R. Higgins
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Cora Reeves
15. Birthplace Mo (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence July 22, 1941
(c) Where did injury occur? Princeton, Mercer, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cgl. Produce House (Specify type of place)

16. (a) Informant Mrs Hester Higgins
(b) Address Princeton Mo

23. Signature J. L. Hickman (At Draughts Corner)
Address Princeton, Mo. Date signed 7/24/41

17. (a) Burial (b) Date thereof July 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton Cemetery

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton Mo
19. (a) July 24 41 (Date received local registrar) (b) J. M. Berry (Registrar's signature)

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Harold Mass

Licensed Embalmer No. 2634

P. O. Address Frankton 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.