

Aug 20 1941
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(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 thirteen years years, months or days

3. (a) PRINT FULL NAME Frank Higgs

3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Maggie Higgs 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec 24-1969
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Frank Higgs

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Doat Brown

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

16. (a) Informant W. B. Higgs

(b) Address Kirksville

17. (a) Burial (b) Date thereof July 29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville

18. (a) Signature of funeral director W. B. Higgs

(b) Address Kirksville, Mo

19. (a) July 29/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(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 July day 27th
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 27 at 5:30 AM, 19 41, July 27, 19 41, that I last saw him alive on July 27, 19 41, and that death occurred on the date and hour stated above.

Immediate cause of death was terminal pneumonia, & pleurisy

Due to Possible broken ribs on right side in April June
Due to Alcoholic gastritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 124
(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. J. Kelly (M. D. or other) 220
Address Kirksville, Mo Date signed 7/27/41

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

MOTHER FATHER

1-2-4-1

1956 7-27
1869-12-27
70 7 3

RECEIVED

District Health Officer No. 10

District File Number 8-41-1559

Date Filed AUG 21 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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H

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27624
Registrar's No. 220

Registration District No. 1

Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(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
years, months or days)

3. (a) PRINT FULL NAME

Fred Ziggo

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (if less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 2 Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 terminal pneumonia + pleurisy Duration _____

Due to Possible broken ribs on right side in a fall

Due to alcoholic gastritis

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) Accidental fall

(b) Date of occurrence July 11, 1941 (?)

(c) Where did injury occur? On porch, on a railroad iron (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home _____

While at work? A. leisure _____ (Specify type of place) _____ (e) Means of injury On a rail

23. Signature Wm C Kelly _____ (M. D. or other) _____

Address Kirksville, Missouri _____ Date signed 10-10-41

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

SUPPLEMENTARY

