

Registration District No. 174

Primary Registration District No. 5242

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Marceline Rural
(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 4 years
years, months or days

3. (a) PRINT FULL NAME ABRAHAM JACOB HIGGINBOTHAM

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Etta Dysart 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 7 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Jacob Lewis Higginbotham
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Beck
15. Birthplace II Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. M. Higginbotham
(b) Address Marceline, Mo.

17. (a) Burial (b) Date thereof Sept 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Helton Cemetery, Goldsberry

18. (a) Signature of funeral director James M. Laughlin
(b) Address Marceline, Mo.

19. (a) Oct 10 41 (b) Jed Stratton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Marceline Rural
(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1941 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 10
1941, to Sept, 1941;
that I last saw him alive on July 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Unknown 15 yrs
Long standing essential hypertension
Due to apoplexy
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 830

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

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Putman (M. D. or other) M.D.
Address Marceline Date signed 9/28/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 6 1941

14-41-01
RECEIVED
NOV 6 1941
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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 Dale Bunch
Licensed Embalmer No. 4088
P. O. Address Marelin 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.