

No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43189

Registrar's No. 57

JAN 13 1942

Registration District No. 849

Primary Registration District No. 4575-

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

1. PLACE OF DEATH:

(a) County SULLIVAN
(b) City or town GREEN CITY Mo. sum
(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: 36 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Green City
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MARY ALICE HIGGIN
(b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W 71
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: 10 (Month) 1 (Day) 1861 (Year)

8. AGE: Years 80 Months 2 Days 28
If less than one day: — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business —

12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant William J Higgins

(b) Address Green Castle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Green City Bur

18. (a) Signature of general director Green E. Post

(b) Address Green City, Mo.

19. (a) Dec 31-1941 (Date received local registrar) (b) Virginia Gibson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1941 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec 29, 1941, to Dec 29, 1941.

that I last saw him — alive on —, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease of heart
Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations —

Of autopsy —

Duration —
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? —

While at work? — (Specify type of place) (e) Means of injury 6

23. Signature McNungton Med (M. D. or other)

Address Green City, Mo Date signed 12-31-41

RECEIVED

District Health Officer No. 10

District File Number 1-42-21

Date Filed JAN 9 1942

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 Archie W Wade

Licensed Embalmer No. 3097

P. O. Address. Green City 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.