

S. No. 2  
M-1-4-41  
5-17-39  
P-1 X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2238

FILED FEB 13 1942  
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 30

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
100 31 W. STATE ST.  
(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 SAMUEL D. HIGGINS  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

4. Sex MALE  
5. Color or race WHITE  
6. (b) Single, widowed, married, divorced MARRIED  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased March 22-1852  
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 20  
If less than one day  
hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Joseph C. Higgins

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

14. Maiden name Ellinger

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

16. (a) Informant Minnie G. Higgins  
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 1-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Water Chapel Cem.

18. (a) Signature of funeral director J. H. Ellinger  
(b) Address Springfield Mo.

19. (a) Jan 16 1942 (b) W. S. Hauler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County GREENE  
(c) City or town Springfield, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10031 W. STATE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 12<sup>th</sup>  
year 1942 hour 11 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Jan 12 1942 to Jan 12 1942  
that I last saw him alive on Jan 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Duration

Due to High Blood Pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94R

Of autopsy NO  
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) NO

(b) Date of occurrence NO

(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? NO (Specify type of place) (e) Means of injury NO

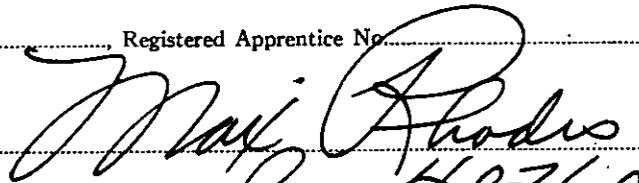
23. Signature W. S. Hauler (M. D. or other)  
Address Springfield Mo. Date signed Jan 13-42

**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.....

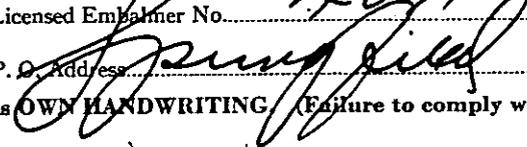
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4971

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.**

X