

FILED MAR 16 1942

Registration District No. 608

Primary Registration District No. 5807

Registrar's No. 11

Wheaton  
73006  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Wheaton*

(a) County *Wheaton*

(b) City or town *Stella, Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Cardwell Hospital*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *3 weeks*  
(Specify whether years, months or days)

In this community *all his life*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Barry*

(c) City or town *Exeter, Mo.*  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME *George Harvey Higgs*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *17th*  
year *1942* hour *4* minute *20 P.M.*

21. I hereby certify that I attended the deceased from *Dec-18-*  
*1941* to *Jan-4-* *1942*  
that I last saw him alive on *Jan-4-* *1942*  
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 *Widowed*

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: *August*, *18*, *1871*  
(Month) (Day) (Year)

Immediate cause of death: *Carcinoma of Bladder and prostate*

Due to *Carcinoma of Bladder & prostate*

Due to \_\_\_\_\_

Other conditions *518*  
(Include pregnancy within 3 months of death)

| 8. AGE:   | Years    | Months    | Days | If less than one day |
|-----------|----------|-----------|------|----------------------|
| <i>80</i> | <i>4</i> | <i>29</i> |      | hr. _____ min. _____ |

Major findings: *Carcinoma of Bladder & prostate*

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business *Farming*

12. Name *Kelley Higgs*

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

14. Maiden name *Gratha Williams*

15. Birthplace *Prince City* *Mo.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Champ Higgs*

(b) Address *Wheaton, Mo.*

17. (a) *Burial* (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Higgs Cem.*

18. (a) Signature of funeral director *R. L. ...*  
(Name of funeral home)

(b) Address *Cassville, Mo.*

19. (a) *Feb 24 42* (b) *Dana Gerster*  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature *Clayton ...* (M. D. or other) \_\_\_\_\_  
Address *Stella Mo.* Date signed *2/24/42*

RECEIVED

District Health Officer No. 6,

District File Number 347-388

Date Filed MAR 13 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 Howard L. Harnan

Licensed Embalmer No. 4122

P. O. Address Cassville, 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.**