

FILED JUL 23 1942
Registration District No. 470

Primary Registration District No. 3022

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto C.t.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
614 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 14 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town DeSoto 22
(If outside city or town limits, write "RURAL")

(d) Street No. 614 Jefferson 22
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME NOEL G. HIGGINBOTHAM

(b) If veteran, name war No. Social Security No. 3-11-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Jan
1942 to June 3 1942
that I last saw him alive on June 3 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 Married

6. (b) Name of husband or wife Elizabeth Thal 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 14, 1913
(Month) (Day) (Year)

Immediate cause of death: Hypostatic pneumonia 10 day

Due to Spontaneous cervical cord about 2 yrs

Due to

Other conditions: 559
(Include pregnancy within 3 months of death)

8. AGE: Years 28 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Clerk (Gen'l Store)

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name George Higginbotham

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

14. Maiden name Nannie Millsap

15. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rupert Higginbotham

(b) Address 6024 E. 8th St. St. Louis

17. (a) Burial (b) Date thereof June 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead
DeSoto, Mo.

(b) Address

19. (a) 6-10-42 (b) Fern Spenser
(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?

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

(Specify type of place)

While at work?

(e) Means of injury

23. Signature J. P. Ungers (M.D. or other) 20
Address DeSoto, Mo. Date signed 6-4-42

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

2020

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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

J. E. Mothershead

..... Licensed Embalmer No. *3531*

..... P.O. Address: *35070 mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w. the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21519

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Lee's Mills
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Noel H. Higginbotham

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 July 14 1943
(Month) (Day) (Year)

8. AGE: Years 28 Months 10 Days 19 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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 June day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to hypostatic pneumonia
bronchial

Due to _____

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 _____

(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 _____ (M. D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

