

7. S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31007**

Registration District No. **272**

Primary Registration District No. **4403**

Registrar's No. _____

78
03
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Peru

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 10 Days

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State Ark (b) County Pike

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Judge David Higgins

3. (b) If veteran, name war _____ 3. (c) Social Security No. 430-18-9987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 1:40 minute A M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

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

Immediate cause of death: Ran over leg
frisco passenger train
1 1/2 mi. N Steele Mo
Due to: Body mangled badly

8. AGE:	Years	Months	Days	If less than one day
	<u>About 20</u>			hr. _____ min.

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Common Laborer

1696

1630

11. Industry or business None

12. Name Noah Higgins

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

14. Maiden name D.K.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Earnest Echols

(b) Address Steele, Mo.

17. (a) Removal (b) Date thereof 9-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pike County Arkansas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 078

(b) Date of occurrence Sept 13, 1942

(c) Where did injury occur? P.H. Right wing
(City or town) (County) (State)

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

18. (a) Signature of funeral director Latimer Funeral Home

(b) Address XXXXX Nashville, Arkansas

19. (a) Oct 1, 1942 (b) The Shelby Hanna
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (c) Means of injury _____

23. Signature Jules V Moore (M. D. or other) _____
Address Hayti, Mo Date signed 9/13/42

1208 Licensed Embalmer's Statement on Reverse Side

HP

10-42-5

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.....

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.