

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4332

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)  
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3425 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM JOHN HIGGINS

3. (b) If veteran, name war no  
3. (c) Social Security No. 703-03-9345

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Ellen Higgins  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased September 18, 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 2  
If less than one day hr. min.

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

10. Usual occupation Leverman

11. Industry or business Kansas City Terminal

MOTHER FATHER { 12. Name John Daily Higgins  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Higgins  
15. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Frances Higgins

(b) Address 3425 Broadway, K.C., Mo.

17. (a) Burial (b) Date thereof 11/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Lewis and Robin

(b) Address 20 West Linwood, K.C., Mo.

19. (a) 11/21/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 day  
1942 year hour 2: minute 00 P.M.

21. I hereby certify that I attended the deceased from 9-28 to 11-20  
that I last saw him alive on 11-20 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiac Vascular renal disease  
Duration 2 wks

Other conditions 13/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

White at work (Type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature M. J. Wells (M. D. or other) \_\_\_\_\_  
Address Gold Brand Ave Date 11/21/42

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

**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.....

*Charles M. Quinn*

Licensed Embalmer No.....

*3774*

P. O. Address.....

*K.C. 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.**