

FILED JAN 13 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **4173**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County **Chariton**  
(b) City or town **Brunswick**  
(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 **Mary Jane Higginbotham**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Granville Higginbotham** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 27 1957**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Fort Madison Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Edward Sterne**  
13. Birthplace **Berksfield Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mississa Elmae Sterne**  
15. Birthplace **Keithsburg Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Baxter**  
(b) Address **Brunswick**

17. (a) **Burial** (b) Date thereof **12-16-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Elliott Grove Cemetery**

18. (a) Signature of funeral director **John H. Meyer**  
(b) Address **Brunswick**

19. (a) **Dec. 13 1942** (b) **G. L. Trues**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Chariton**  
(c) City or town **Brunswick**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **14**  
year **1942** hour **3:00** minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from **Dec 1**  
19 **42** to **Dec 8** 19 **42**  
that I last saw **her** alive on **Dec 7** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac valvular insufficiency** Duration **6 mos?**  
Due to \_\_\_\_\_  
Due to **Chronic interstitial nephritis?**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **none** 12/10  
Of operations \_\_\_\_\_  
Of autopsy **none**

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 **Harry E. Tatum** (M. Doctor)  
Address **Brunswick Mo.** Date signed **12/16/42**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-12-43

**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 \_\_\_\_\_

*K.P.M. Leary*

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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.**