S. No. 2
1-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7120

FILED MAR 12 1943

Registration District No. ~~157~~ 244. Primary Registration District No. ~~2-00~~ 5834, 5835 Registrar's No. 21.

73 0 0

1. PLACE OF DEATH:

(a) County: Newton,

(b) City or town: 10 miles South of Joplin,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Route # 2 Shoal Creek Twp
(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)

In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

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

(d) Street No.: 10 Miles south ~~of~~ Joplin
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Robert A. Higginbotham

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Belle Higginbotham

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

7. Birth date of deceased: November (Month) 9, (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Oscar Higginbotham
13. Birthplace: (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Lucy Horton
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Belle Higgenbotham
(b) Address: Rural Route # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: HORNET Cemetery

18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin Street

19. (a) 2-18-43 (Date received local registrar) (b) [signature] (Registrar's signature)

13 N. Mrs. [illegible] Lockwood

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 3rd, 1942, to Feb 11, 1943 that I last saw him alive on Feb 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Acute Scarlet Fever

Due to: Relation of heart

Due to:

Other conditions (Include pregnancy within 3 months of death): 95C 3

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other)

Address: Joplin Mo Date signed: 2/11/43

(See Statement on Reverse Side)

Date Received MAR 10 1943.
File No. - 243-29.

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.