S. No. 2
M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13217

FILED MAY 6 1943

Local Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2032

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: lifetime

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 608 E. 43rd St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

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3. (a) PRINT FULL NAME: William H. Higinbotham

3. (b) If veteran, name war: no.

3. (c) Social Security No. 487-03-2405

4. Sex: Male

5. Color or race: W.

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

6. (b) Name of husband or wife: Mary Catherine

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Jan. (Month) 22 (Day) 1888 (Year)

8. AGE: Years 55 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: Manhattan (City, town, or county) Kans. (State or foreign country)

10. Usual occupation: traveling Salesman

11. Industry or business: W. B. Young Supply Co.

MOTHER FATHER
12. Name: Geo. A. Higinbotham
13. Birthplace: Kans. (City, town, or county) (State or foreign country)
14. Maiden name: Catherine Rose
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Capt. Stephen C. Higinbotham
(b) Address: San Antonio, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: K.C., Mo.

19. (a) 4-30-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1943 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 4-24-43 19..., to 4-30-43 19...; that I last saw him alive on 4-30-43 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic glomerular nephritis with uremia	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: Yes

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? .....
While at work? ..... (Specify type of place) (e) Means of injury: C

23. Signature: Denny R. Thom (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.