

S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1949
Registration District No. 60

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44078
State File No. _____
Registrar's No. 118

Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home
(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)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 W. Arch Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hubert Lunsford Higgins
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6th
year 1949 hour 6:50 minute 7 P. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married. Divorced Widowed
6. (c) Age of husband or wife if
alive years
7. Birth date of deceased July 9 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to Dec-6- 1949
that I last saw him alive on Dec-6- 1949
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 4 Days 28
If less than one day
hr. min.

Immediate cause of death: Cerebral Hemorrhage
Due to: Cerebral Arteriosclerosis
Due to: 8301
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace Wilmington N. Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Retired (City Clerk)

PHYSICIAN
Major findings: None reported
Of operations
Of autopsy no autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name John Higgins
13. Birthplace Wilmington N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Simcox
15. Birthplace Wendover Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Higgins
(b) Address Nevada Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1949
(Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

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?

18. (a) Signature of funeral director Ray Funeral Service
(b) Address Nevada Missouri
19. (a) 12-10-49 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

23. Signature M. D. (M. D. or other)
Address Nevada Mo Date signed 12-10-49

1887

RECEIVED
District Health Officer No. 1,
District File Number 12-43-1419
Date Filed 1-5-44

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.