

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1944
Registration District No. 22

Primary Registration District No. 5334

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Lockwood Mo
(c) Name of hospital or institution: Lockwood Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dade
(c) City or town Lockwood, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME LOUISA J HIGGINS
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1944 hour 5PM minute _____ M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife L A HIGGINS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Becky Feb 28 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 23 1944 to April 23 1944
that I last saw her alive on April 23 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Heart attack and senility
Dead when I arrived

8. AGE: Years 84 Months 1 Days 28
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Berry County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name Arthur Leppan
13. Birthplace Scott Mo
(City, town, or county) (State or foreign country)
14. Maiden name Scott
15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature L. F. Spary
(b) Address Lockwood Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Catholic Church
18. (a) Signature of funeral director J. H. Higgins
(b) Address Lockwood Mo
19. (a) Spec'd to 1944 (Date received local registrar) (b) James M. Cull (Registrar's signature)

28. Signature James M. Cull (M. D. or other)
Address Lockwood Mo Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 544-528

Date Filed MAY 4 1944

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, above space should be left blank.