

FILED DEC 4 1944

State File No.

4697

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
3439 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3439 Summit
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS MARY C HIGGINS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife Maurice Higgins 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 22 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jerry McMahon
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Gallagner
15. Birthplace New Hampshire
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. S. Stevens
(b) Address 435 West 35 St
17. (a) Burial (b) Date thereof 11/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mark the Robin
(b) Address 20 West Linwood
19. (a) 11-22-44 D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day Nov
year 1944 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 11/7
1944 to 11/18 1944
that I last saw her alive on 11/17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: infarct of heart
Due to coronary thrombosis
Due to malignant hypertension
Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: 9/4
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature H. W. [unclear] (M. D. or other) M.D.
Address 1014 [unclear] Date signed 11/18/44

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

MOTHER FATHER

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..... *Charles M. Zwick*

Licensed Embalmer No..... *3774*

P. O. Address..... *Kansas City 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.