

FILED JAN 18 1945

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 87

5005
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Mercer
 (b) City or town Malden Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1
(Specify whether
 In this community 73-7-10
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mercer 65
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Malden Township
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Luther L. Higgins
 3. (b) If veteran, name war..... No.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 10
 year 1944 hour 2 minute 15 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Neva Higgins
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Sept 30 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 6, 1944 to Dec 9, 1944
 that I last saw him alive on Dec 9, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>10</u>	hr. min.

Immediate cause of death Influenza with Perna Pneumonia
 Due to Acute Pulmonary Edema
 Due to Just before

9. Birthplace Mercer Co Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations 33b
 Of autopsy

MOTHER FATHER
 11. Industry or business.....
 12. Name John Higgins
 13. Birthplace Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Moss
 15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Neva Higgins
 (b) Address Malden Mo.
 17. (a) Burial (b) Date thereof Dec-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dalton Cem. Mercer Co Mo.
 18. (a) Signature of funeral director Schooler Funeral Home
 (b) Address Spokane Mo.
 19. (a) 12-16-44 (b) Ern Martin
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 While at work?.....
 23. Signature E. W. Ewing (M. D. or other).....
 Address Spokane Mo. Date signed 11-11-44

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.....

Ross Wise

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard 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.