

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1945

Registration District No.

Primary Registration District No. 5572

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Russ Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 mo
(Specify whether years, months or days)

In this community Don't Know

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Clinton Higby

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1944 hour 3.40 minute 9 M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 24 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/1, 1944, to 12/12, 1944
that I last saw him alive on 12/11, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 11 Days 18 If less than one day
hr. min.

Immediate cause of death Epilepsy

Due to _____

Due to 85

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Omaha (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Air man

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (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 Jackson County Home

(b) Address Rt. 2, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation H.T. Greenham Cpr.

18. (c) Signature of funeral director N. T. Tipton

(b) Address K.C. Mo.

19. (a) Jan. 9, 1945 (Date received local registrar) (b) T. W. Schick (Registrar's signature)

23. Signature J. W. Green (M. D. or other) 12/12/44

Address 22 Broadway, Mo. Date signed 12/12/44

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____

Francis Walton, Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. A. Quinn*
Licensed Embalmer No. *2744*
P. O. Address *P.O. No.*

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.