

FILED APR 8 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 5000

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Years (Specify whether years, months or days)
 In this community 1 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1020 E. Grand
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clyde Higgs

3. (b) If veteran, name was World War # 1 3. (c) Social Security No. UNK

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married
 (b) Name of husband or wife Dixie Lee Higgs 6. (c) Age of husband or wife if alive UNK years
 7. Birth date of deceased Jan. 6, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Fleming Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Resort Operator

11. Industry or business _____
 12. Name Wm. Arthur Higgs
 13. Birthplace UNK Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Wilson
 15. Birthplace UNK Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dixie Lee Higgs
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 4/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer
 (b) Address Springfield, Mo.

19. (a) 4-1-46 (b) E. W. Haver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
 year 1946 hour 7:00 minute 2 A. M.

21. I hereby certify that I attended the deceased from 5-1, 1946 to 3-30, 1946
 that I last saw him alive on 3-29, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Failure

Due to Acute Insufficiency

Due to Syphilis

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

Major findings: Of operations UNK
 Of autopsy _____

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) (Means of injury)

23. Signature E. E. Glenn (M. D. or other) _____
 Address Springfield, Mo. Date signed 4/1/46

Duration

Weeks

1 year +

1 year +

PHYSICIAN

Underline the cause to which death should be charged statistically.

8004 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1948

MAR 11 1949

JAN 18 1949

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 *Walter E. Hamilton*

Licensed Embalmer No.....3808.....

P. O. Address Springfield, 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.