S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21135

State File No.

FILED JUL 8 1946

Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar (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 (Specify whether

In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. / (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Dora Rice Higginbotham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mart. Higginbotham

6. (c) Age of husband or wife if alive Dent/Phone

7. Birth date of deceased Sept. 23, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Eminence (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Dress maker

11. Industry or business Dress making

FATHER
12. Name James Rice
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah McPherson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Joe Dunham

(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Erwin and Bene

(b) Address Bolivar, Mo

19. (a) June 19, 1946 (Date received local registrar) (b) Ralph Gordon by [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June, day 17, year 1946 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from 9 A.M. June 17, 1946, to (death), 19__; that I last saw her alive on June 17, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 hrs.
Due to Hypertensive cardio vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter W. Tillman Jr. (M. D. [redacted])

Address Bolivar, Mo. Date signed 6/24/46

(Licensed Embalmer's Statement on Reverse Side)

254

[illegible]
[illegible] Office No. 7,
District File Number 6-46-679
Date Filed 7-3-46

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balinar, 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.