

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41419
Registrar's No. 59

FILED DEC 24 1946

Registration District No. 227

Primary Registration District No. 5804

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL - JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/4 MI. W. OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 YRS. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

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

(d) Street No. 1/4 MI. W. OF PARIS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME WARREN FINIS HIGGINS

3. (b) If veteran, name war. ✓

3. (c) Social Security No. 486-18-7792

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EDITH HIGGINS

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased AUG 20, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>16</u>	hr. min.

9. Birthplace SHELBY CO., Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation AUTO MECHANIC

11. Industry or business

12. Name HENRY FRED HIGGINS

13. Birthplace HOLIDAY MO. (1)
(City, town, or county) (State or foreign country)

14. Maiden name FRANKIE JANE HOUGHTON

15. Birthplace MAZON CO., MO. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant FRED HIGGINS

(b) Address PARIS

17. (a) BURIAL (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey
(b) Address PARIS, Mo.

19. (a) 12-6-46 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 6th
year 1946 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 16, 1946, to Dec. 6, 1946
that I last saw him alive on Dec. 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis
Due to with hemorrhage from cavity left lung
Duration 3 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 B

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 0

23. Signature Elbert Baker (M. D. 0)
Address PARIS, Mo. Date signed 12-6-46

RECEIVED
District Health Officer No. 10
District File Number 12-46-2292
Date Filed DEC-20-1946

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 Ed. Agnew,
Licensed Embalmer No. 4000
P. O. Address Paris, Missouri.

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.