

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hannah Elizabeth Higginbotham
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William E. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 12 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER

12. Name Levi S. Floyd

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

14. Maiden name Nancy Jane McKinney

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Higginbotham

(b) Address Albany, Mo.

17. (a) Removal (b) Date thereof 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo.

18. (a) Signature of funeral director Neaton - Bowman

(b) Address St. Joseph, Mo.

19. (a) 3-20-47 (b) La. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Centry
 (c) City or town Albany
(If outside city or town limits, write "RURAL")
 (d) Street No. Albany
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1947 hour 9 minute 17 A. M.

21. I hereby certify that I attended the deceased from March 6, 1947, 19____ to March 17, 1947
 that I last saw her alive on March 16, 1947, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 5 days

Due to Generalized Arterio-sclerosis 10 yrs.

Due to _____
 Other conditions Pneumonia, Hypostatic 2 days
(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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature H. White Sr. (M. D. _____)
 Address 706 Francis, St. Joseph, Mo. Date signed 3-17-47

195. 2119

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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address. *319 So 10th, St Joseph, 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.