

FILED JUN 9 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16579

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 708

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: Mission Methodist Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 30 years years, months or days)

3. (a) PRINT FULL NAME

Henry Higgins

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 4-26-1876 (Month) (Day) (Year)

8. AGE:

Years 71 Months 0 Days 17 hr. min.

9. Birthplace

Nebraska City, Neb (City, town, or county) (State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Jacques Higgins 5

13. Birthplace

France (City, town, or county) (State or foreign country)

14. Maiden name

Louise Britz

15. Birthplace

France (City, town, or county) (State or foreign country)

16. (a) Informant

Willbert Snodgrass

(b) Address

827 2019 St Joseph Mo

17. (a) Burial (Burial, cremation, or removal)

Burial (b) Date thereof 5-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation

St Joseph Cem

18. (a) Signature of funeral director

Barry James Ham

(b) Address

St Joseph Mo

19. (a) 6-4-47 (Date received local registrar)

(b) G. B. Jenkins (Registrar's signature) 2009

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1713 Olive St (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 viewed 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 13th 47, 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by an Auto Duration

Due to

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) Accident 12/1

(b) Date of occurrence May 12th 1947

(c) Where did injury occur? St Joseph, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(Specify type of place) While at work? no (e) Means of injury Auto

23. Signature B.W. Tadlock Coroner (M.D. or other)

Address KING HILL BLVD Date signed 4/47

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

MOTHER FATHER

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**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 Victor Barry.....

Licensed Embalmer No. 421d.....

P. O. Address S. 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.**