

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20993
2580
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 411 W. 34th Terrace
(d) Length of stay: In hospital or institution none
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 411 W. 34th Terrace
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mrs. Nellie C. HIGGINS
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Higgins
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 14, 1888

8. AGE: Years 59 Months 3 Days 29

9. Birthplace Kansas City, Missouri

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER
12. Name John J. Stack
13. Birthplace Ireland
14. Maiden name Margaret Flavin
15. Birthplace Ireland

16. (a) Informant Mr. James Higgins

(b) Address 411 W. 34th Terrace, K.C., Mo.

17. (a) Burial (b) Date thereof 6-16-47

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 6-14-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 13, 1947 to June 13, 1947
that I last saw her alive on June 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure
Due to Coronary Thrombosis
Due to Arteriosclerosis

Duration 20 Min
2 year
year
PHYSICIAN Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no

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

23. Signature of John T. Shuman (M. D. or other)
Address John T. Shuman Date signed 6-14-47

1102 Ward. R. C. M. B.

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

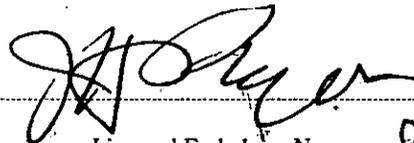
^{5.T}
Dr. Hume

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.....



Licensed Embalmer No.....

P. O. Address.....

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.