

FILED JUN 18 1949

State File No. _____

Registration District No. 22

Primary Registration District No. 5592

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Herculaneum
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 30 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town Herculaneum
(If outside city or town limits, write "RURAL")
 (d) Street No. 2412 Circle St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Clementine Higgins
 (b) If veteran, name war _____ (c) Social Security No. 494-01-651

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 10
 year 1947 hour 8 minute 45 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Otto Higgins
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 10 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/27 1947 to 6/10 1947
 that I last saw h. ev. alive on 6/10 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 11 0 hr. _____ min.

Immediate cause of death Megaloblastic anemia Duration 1 yr
 Due to _____
 Due to _____
 Other conditions 74
(Include pregnancy within 3 months of death)

9. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willis Polite
 13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bernar
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Marye Burlage
 (b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof 6 13 1949
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Herculaneum Catholic Cem.

18. (a) Signature of funeral director J. S. Vinyard
 (b) Address Festus Mo.

19. (a) June 11, 1949 (b) Clara Belleville
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None
 Of autopsy None

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? _____ (c) Means of injury _____
 23. Signature Dr. E. J. ... (M. D. or other) MD
 Address Herculaneum, Mo. Date signed 6/11/49

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

7070

Date Filed 6-17-47
District File Number _____

District Health Officer No. 9,

RECEIVED

DEPARTMENT OF
BORNEO
V. S. No. 2
6M-1245
5139

1190-10-467

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 *A. H. Vinyard*
Licensed Embalmer No. 3010
P. O. Address *Festus 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.