V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24502

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 25

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: Rural Mt. Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 8 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Jackson
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: one mile north of Martin City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MONTE E. HIGDON
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Penelope Higdon
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 2. (Day) 1865 (Year)
8. AGE: Years 82 Months 5 Days 23 If less than one day hr. min.
9. Birthplace: Gaines ville, (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Retired Blacksmith
11. Industry or business: Own business
FATHER 12. Name: Jasper Higdon
13. Birthplace: (City, town, or county) N. C. (State or foreign country)
MOTHER 14. Maiden name: (unknown) Humphrey
15. Birthplace: (City, town, or county) (unknown) (State or foreign country)
16. (a) Informant: Joseph Higdon
(b) Address: Route 487 North K. C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forrest Hill Cem.-K. C., Mo.
18. (a) Signature of funeral director: E.K. Yeager & Sons
(b) Address: Belton, Mo.
19. (a) July 29-47 (Date received by local registrar) (b) Dr. Annie E. Hodges (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from July 21 15, 1947, to July 25, 1947, that I last saw him alive on July 24 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | 24 hours |
| Due to: Cerebral hemorrhage | July 15 |
| Due to: Hypertension | years |
| Arteriosclerosis | years |

Other conditions (Include pregnancy within 3 months of death): (Fall from porch)
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
(b) Date of occurrence: July 15, 1947
(c) Where did injury occur? Martin City (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): He fell off the back porch
While at work? (e) Means of injury:
23. Signature: Ada B. Faber (M. D. or other) M.D.
Address: Martin City Mo Date signed: 7-26-47

(Licensed Embalmer's Statement on Reverse Side)

## 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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.**