

FILED AUG 29 1947  
Registration District No. **73**

Primary Registration District No. **5342**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County **Dale**

(b) City or town **Rural - Washington**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **4 miles South of South Greenfield**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)

In this community **85 years** / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dale** **29**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4 miles South of South Greenfield**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **DAVID HIGGINS**

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 **Married**

6. (b) Name of husband or wife **Julia Higgins**

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

7. Birth date of deceased **March 20 1858**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>89</b>	<b>4</b>	<b>28</b>	hr. min.

9. Birthplace **Fayetteville Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired Farmer**

12. Name **Linville Higgins**

13. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Woodrow**

15. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Julia Higgins**

(b) Address **R.F.D. South Greenfield, Mo.**

17. (a) **Burial** (b) Date thereof **18-17-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pennington Cemetery**

18. (a) Signature of funeral director **Sam E. Samsberry**

(b) Address **Greenfield Mo**

19. (a) **Aug-18-47** (b) **Ed. P. Weaver**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **15**  
year **47** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **8-10-47**  
19 **8-15** 19 **47**  
that I last saw him alive on **8-14** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**apoplexy**  
**constricting heart**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)  
**55E**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 **Ed. P. Weaver** (M. D. or other) \_\_\_\_\_  
Address **Greenfield Mo** Date signed **8-17-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 847-917

Date Filed AUG 27 1947

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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 Sam E. Senseney Jr  
Licensed Embalmer No. 4099  
P. O. Address Greenfield, 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.