DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1949

Registration District No. 30

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39320

Primary Registration District No. 5103

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: WARSAW "Rural" Lindsey Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton

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

(d) Street No.: 2 miles North
(If rural, give location)

(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME: IDA Higgins

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: Nov (Month) 12 (Day) 1866 (Year)

8. AGE: Years 82 Months 1 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: California, Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Chales Butcher

13. Birthplace: Mo (City, town, or county) (State or foreign country)

14. Maiden name: Margret Harmon

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Amos Higgins

(b) Address: Warsaw

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverside

18. (a) Signature of funeral director: John F Reser

(b) Address: Warsaw, Mo

19. (a) Dec. 29 1948 (Date received local registrar) (b) Jno. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1948 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 20 April, 1948, to 27 Dec, 1948 that I last saw her alive on 27 December 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Renal Arteriosclerosis & Uremia	2 wks
Due to Generalized Arteriosclerosis	6 mos +
Due to Senility	6 mos +

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 97
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)

(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) 0

While at work? (e) Means of injury

23. Signature: David H Glen (M. D. or other) MD

Address: Warsaw, Mo Date signed 29 Dec 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 22-48-14
Date Filed 1-3-49

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 John F. Pearl

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.