

Registration District No. **270**

Primary Registration District No. **5775**

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

1. PLACE OF DEATH: **Mercer**

(a) County **Mercer**

(b) City or town **Morgan Twmp.**

(c) Name of hospital or institution: **1**

(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community **6 years**

years, months or days

3. (a) PRINT FULL NAME **Gerald Higdon**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Lois Higdon**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **Nov. 21, 1912**

(Month) (Day) (Year)

8. AGE: Years **36** Months **1** Days **5** If less than one day hr. min.

9. Birthplace **Harrison Co., Mo**

(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Otho Higdon** **Mo.**

(City, town, or county) (State or foreign country)

13. Birthplace **Anna Frisbie**

(City, town, or county) (State or foreign country)

14. Maiden name **Mo.**

(City, town, or county) (State or foreign country)

15. Birthplace **Lois Higdon**

(City, town, or county) (State or foreign country)

16. (a) Informant **Princeton, Mo**

(b) Address **Removal**

(c) Place: burial or cremation **Leon, Iowa**

17. (a) (b) Date thereof **12-28-48**

(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Noel Moss**

(b) Address **Princeton, Mo**

19. (a) **12-29-48** (b) **M. J. Ruth**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Mercer 65**

(a) State (b) County

(c) City or town **rural**

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26** year **1948** hour **four** minute **2 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Bleeding from cut on left leg**

Due to **gasoline explosion**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **185**

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 **12-26-48**

(c) Where did injury occur? **at bus hangover, Mo**

(City or town) (County) (State)

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

(Specify type of place) (e) Means of injury **fall**

While at work? **yes**

23. Signature **M. J. Ruth** (M. D. or other) **craver**

Address **Princeton, Mo** Date signed **12-29-48**

FEB 17 1984

NOV 5 1984

JAN 12 1984

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 mu

Registered Apprentice No. _____

working under my personal supervision.

Signed Neil Smith

Licensed Embalmer No. 2634

P. O. Address Quinton 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.