U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8788
State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 61

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 525 S. CARTER ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether)
In this community 35 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town CLINTON (If outside city or town limits, write "RURAL")
(d) Street No. 525 S. CARTER ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM R. HIGGINS
3. (b) If veteran, name war NONE
3. (c) Social Security No. None

4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Mrs. William Higgins
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased APRIL (Month) 17 (Day) 1871 (Year)

8. AGE: Years 75 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St. Clair Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name PHILIPS HIGGINS
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Warrington
(b) Address Fredalia Colo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cemy.
18. (a) Signature of funeral director [illegible]
(b) Address Clinton Mo.
19. (a) 3-20-47 (Date received local registrar) (b) R.R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1947 hour 3:45 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 9, 1946 to March 19, 1947; that I last saw him alive on March 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	6 Mos.
Due to: unknown	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): None	
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) No
(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? (e) Means of injury

23. Signature S. B. Hughes (M. D. or other) M.D.
Address Clinton, Mo. Date signed 3/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-47-320
Date Filed 3-20-47

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 W. L. Lausant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.