

FILED DEC 7 1942  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Milner Hotel 318th + Market**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
**En Route City Hosp #** (Specify whether  
in this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Pulaski**

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

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

(e) Citizen of foreign country? **No** (Yes or No)  
**W. Atkinson Physician**

3. (a) PRINT FULL NAME **Carl Adams Higgason**

3. (b) If veteran, name war **World War # 1**

3. (c) Social Security No. **931-03-5181**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**  
year **1942** hour **1** minute **05** 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 \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lera** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 5th 1889**  
(Month) (Day) (Year)

Due to **Coronary Sclerosis**

Due to **Chronic Myocarditis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

**53 0 14** hr. \_\_\_\_\_ min.

9. Birthplace **Monticello, Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Auditor**

11. Industry or business **U. S. Army Air Forces**

12. Name **Unknown Higgason**

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

14. Maiden name **"**

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

16. (a) Informant **Edith Kincheloe**

(b) Address **416 S. Kingshighway**

17. (a) **Removal** (b) Date thereof **11-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Rock, Ark.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 20 1942** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_

(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? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **James J. Robinson** (M. D. or other)  
Address **1300 Taylor Ave** Date signed **11/20/42**

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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.....

*Albert W. Kappel*

Licensed Embalmer No.....

1861

P. O. Address.....

**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.**