

FILED JUN 2 1946
Registration District No. **173**

Primary Registration District No. **5457**

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Walnut Grove Mo R3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Care township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 6 years.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Walnut Grove Mo R3
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Care township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph H. Higgins
3. (b) If veteran, name war nil
3. (c) Social Security No. nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1946 hour 6 minute P.M.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Peck Campbell
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: 7/05/12 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from no physician or attendance
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion
Due to _____
Duration _____

9. Birthplace: Greenfield, Massachusetts
(City, town, or county) (State or foreign country)
10. Usual occupation farmer & stockman
11. Industry or business Trading & raising stock
12. Name: John Higgins
13. Birthplace: North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name: Kerney Krider
15. Birthplace: ARK. 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: By the J.P. person (body) of no value. Coroner was seen & death aut above to sign the death cert. who caused
Of operations _____
Of autopsy _____

16. (a) Informant: Jessie P. Higgins
(b) Address: Walnut Grove, Mo R3
17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: Apr 26-1946
(Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield, Mo.
18. (a) Signature of funeral director: Gene A. Brin
(b) Address: Walnut Grove, Mo.
19. (a) 4-26-1946 **(b) Nelson L. Murray**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(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) _____ Means of injury _____
23. Signature: James R. Mosby (M.D. or other)
Greene County Health Officer
Address _____ Date signed 4/26/46

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

15261

RECEIVED

Greene County Health Office,

County File Number 46-6-75

its Filed 6-11-46

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 Gene A. Brinn
Licensed Embalmer No. 2664
P. O. Address Walnut Grove, 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.