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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 83
Registrar's No. 6

FILED FEB 5 1947

Registration District No. 11

Primary Registration District No. 5042

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Liberty (rural)
(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)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Liberty (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 mi Southeast of Wheaton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. *****

3. (a) PRINT FULL NAME Eppie Joe Higgs
3. (b) If veteran, name war None
3. (c) Social Security No. 093

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1947 hour 3 minute 30 A.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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 14 1924
(Month) (Day) (Year)

Immediate cause of death Shot while walking thru woods with .12 gauge shot gun
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 22 Months 7 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

MOTHER, FATHER { 12. Name James A. Higgs
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Zula Garrison
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Higgs

(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof Jan. 19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Pleasant Cem.

18. (c) Signature of funeral director Wm. Morris Pope

(b) Address Wheaton, Mo.

19. (a) Jan 23-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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) suicide
(b) Date of occurrence Jan 12-1947
(c) Where did injury occur? Barry County, 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)
While at work? no (e) Means of injury 3
23. Signature Grace Williams (M. D. or other)
Address Wheaton, Mo. Date signed Jan 24 1947

RECEIVED

District Health Officer No. 6,

District File Number 147-147

Date Filed JAN 31 1947

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 Wm Morris Pope
Licensed Embalmer No. 3482
P. O. Address Wheaton 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.