

ED APR 30 1943

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Barry County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 4 1/2 S.E. of Wheaton  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Grace L. Higgs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Mar 3<sup>rd</sup> 1943, to Mar 6<sup>th</sup> 1943; that I last saw h. u alive on Mar 6<sup>th</sup> 1943; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb 15 1929  
(Month) (Day) (Year)

Immediate cause of death Peritonitis Duration 4 days

Due to Acute Suppurative Appendicitis

Due to Ruptured

Other conditions (Include pregnancy within 3 months of death) 12/1/2

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

14 14 0 hr. min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Jess Higgs

13. Birthplace Barry Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Tucker

15. Birthplace Barry Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jess Higgs

(b) Address Wheaton, Mo

17. (a) Burial (b) Date thereof 3-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Exeter, Mo.

18. (a) Signature of funeral director Leon F. Hartzel

(b) Address Cassville, Mo

19. (a) Mar 13 '43 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: not operated

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Steven C. ... (M. D. Mo)  
Address Cassville, Mo Date signed Mar 4 43

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

RECEIVED

District Health Officer No. 6,

District File Number 443-495

Date Filed Apr 29 1943

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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.....

W. M. Carter Row

Registered Apprentice No. 338

working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No. 3220

P. O. Address Carrville, 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.