

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

40215  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion / Registration District No. 547  
(b) Township Mason / Primary Registration District No. 3029 Registered No. 310  
(c) City Hannibal (d) Street No. Levering Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Little Sr.

(a) Residence, No. 636 Union St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Martin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1961  
7. AGE YEARS 78 MONTHS 3 DAYS            If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Missouri

13. NAME Ephriam Little

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles V. Little Chillicothe Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 11/13/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home Hannibal Missouri

20. FILED Nov 15 1939 H.C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10 1939

22. I HEREBY CERTIFY, That I attended deceased from           , 1939 to           , 1939

I last saw him alive on Oct 10 1939. Death is said to have occurred on the date stated above, at 6:10 P.M.  
The principal cause of death and related causes of importance were as follows:

nephritis

age

Date of onset Sept 17 1939

Other contributory causes of importance: age

Name of operation none Date of             
What test confirmed diagnosis?            Was there an autopsy?           

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?            Date of injury           , 1939  
Where did injury occur?            (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury             
Nature of injury           

24. Was disease or injury in any way related to occupation of deceased?             
If so, specify (Signed) A. L. Shurco, M. D.  
(Address) Hannibal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ans R. B. Fisher

**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.....

..... J.J.Marsh L.E.3932 ....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Crawford Smith*

Licensed Embalmer No..... 3814 .....

P. O. Address Hannibal Missouri.....

**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, above space should be left blank.**