

DEC 12 1939

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

40218
Do not use this space.

1. PLACE OF DEATH
(a) County Marion / Registration District No. 547
(b) Township Marion / Primary Registration District No. 3029
(c) or City Hannibal (d) Street No. St. Elizabeths 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 82 yrs. / mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John. W. Litthe
(a) Residence, No. 340 St. Monroe City Mo. R.F.D.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. General Agriculture
10. Date deceased last worked at this occupation (month and year) Nov. 9, 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Litthe
14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Mary Yates.
16. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

17. INFORMANT T. B. Casson
(ADDRESS) Monroe City Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stephens Semetary DATE Nov. 16th 1939

19. FUNERAL DIRECTOR (NAME) Wilson + Son
(ADDRESS) Monroe City, Mo

20. FILED Nov. 16 1939 W. J. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, to Nov. 11, 1939
I last saw h. i. m. alive on Nov. 11, 1939. Death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 11/10

Other contributory causes of importance:

Name of operation - Date of -
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? no
If so, specify _____
(Signed) J. Howard F. Ecker, Top. M.D.
480 (Address) Monroe City - 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.

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 *Leslie L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Monroe City, 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, above space should be left blank.