

FILED FEB 20 1940

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

2263  
Do not use this space.

1. PLACE OF DEATH  
(a) County Dunklin 2 Registration District No. 288  
(b) Township 0 Primary Registration District No. 4172  
(c) City Kennett (d) Street No. \_\_\_\_\_ 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 Martha Ballard-Littrell 364  
(a) Residence, No. N. Emerson St. 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. M. Littrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-1-1863</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>—</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Carter Co - Mo -</u>	
	(STATE OR COUNTRY)	
MOTHER	13. NAME <u>Allen Ballard</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u>	
	(STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>		
(STATE OR COUNTRY)		
17. INFORMANT <u>Mrs. Etta Littrell</u> (ADDRESS) <u>Kennett, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gregory</u> DATE <u>2/1</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>Paul Johnson</u> (ADDRESS) <u>Kennett, Mo</u>		
20. FILED <u>2-3</u> 19 <u>40</u> <u>Walter Davis</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-31 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1940 to Jan 31 1940  
I last saw her alive on Jan 31 1940 Death is said to have occurred on the date stated above, at 1-45 P m.  
The principal cause of death and related causes of importance were as follows:  
Uremia  
10 P  
Other contributory causes of importance:  
Feecal impaction  
in rectum  
Date of onset 1-26-40

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? (N)  
If so, specify \_\_\_\_\_  
(Signed) Paul Johnson, M. D.  
(Address) Kennett Mo.

RECEIVED

District Health Officer No. 2

District File Number 240-802

Date Filed 2/13/40

**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 *J. Salmon*

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.**