

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3271

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 9288
(b) Township Bigcreek Primary Registration District No. 5808
(c) City Little (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 252 Mary Elizabeth Haskins St. Little, Ozark Co.
(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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FB. HASKINS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
87 2 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
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) Marys County Missouri

13. NAME John Capehart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Capehart Missouri

15. MAIDEN NAME Christman

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

17. INFORMANT (ADDRESS) B. Reich

18. BURIAL, CREMATION, OR REMOVAL

PLACE Little DATE 1-23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McCaughey Funeral
Gainesville, Mo.

20. FILED 1-22 1940 Mary H. Johnson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1940 to Jan. 15 1940

I last saw her alive on Jan. 15 1940 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Heart failure
Infirmities of old age

Date of onset

Other contributory causes of importance: 92.1

Name of operation _____ 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, _____, 1940

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. H. Small, M. D.

(Address) Little, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 240-317

Date Filed FEB 6 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.