

Registration District No. 475

Primary Registration District No. 5580

Registrar's No. 14-215

1. PLACE OF DEATH: *St. Louis, Mo.*

(a) County *St. Louis, Mo.*

(b) City or town *Eureka, Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Josephs Hills Infermery,
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME *George W. Little, 340*

8. (b) If veteran, name war *none* 8. (c) Social Security No. *None*

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

6. (b) Name of husband or wife *Mary* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *July, 7th, 1849*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 24 hr. min.

9. Birthplace *Center, Missouri,* *0*
(City, town, or county) (State or foreign country)

10. Usual occupation *None*

11. Industry or business _____

MOTHER FATHER { 12. Name *Benj. J. Little*

13. Birthplace *Md.* (City, town, or county) (State or foreign country)

14. Maiden name *Eliza Elder,*

15. Birthplace *Ky.* (City, town, or county) (State or foreign country)

16. (a) Informant *Joseph Little,*

(b) Address *Sullivan, Mo.*

17. (a) *Burial* (b) Date thereof *June, 3, 1940*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *St. Louis, Mo.*

18. (a) Signature of funeral director *J. S. Williams*

(b) Address *Sullivan, Mo.*

19. (a) *6/1/40* (b) *James A. Townsend*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Mo

(a) State *Missouri,* (b) County *Franklin.*

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *31*
year *1940* hour *7:05* minute *A. M.*

21. I hereby certify that I attended the deceased from *May 19*, 1940, to *May 25*, 1940
that I last saw him alive on *May 25*, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumo-pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) *107W*

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
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? _____

396 (Specify type of place) (a) Means of injury _____

23. Signature *Jesse S. Sargent* (M. D. or other) *1*
Address *Eureka, Mo* Date signed *6-1-40*

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

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. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.