DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29071

SEP 23 1940

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST Elizabeth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WKS (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ralls

(c) City or town New London Rural
(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.

3. (a) PRINT FULL NAME Elizabeth Little

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ James

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 9 (Day) 1864 (Year)

8. AGE: Years 76 | Months – | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mrks (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Hardesty
13. Birthplace – – (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace – – (City, town, or county) – (State or foreign country)

16. (a) Informant's own signature James Little
(b) Address New London R #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Near Monroe City Mo. Indian Creek

18. (a) Signature of funeral director James Ollmed
(b) Address Hannibal Mo

19. (a) Aug 5-40 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1940 hour 12 minute 9 M.

21. I hereby certify that I attended the deceased from 7-30, 1940 to 8-1, 1940 that I last saw her alive on 8-1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia – secondary	?
Due to Senility	
Due to N/A	
Other conditions (Include pregnancy within 3 months of death): abscess cervical glands	
Major findings: Of operations: Pus aspirated	
Of autopsy: no	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. Hardesty (M. D. or other)

Address Hannibal Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ralph W. Clark, Registered Apprentice No. 242 working under my personal supervision.

Signed Michael J O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.