

Primary Registration District No. **5252**

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

NOV 5 - 1940
Registration District No. **182**

1. PLACE OF DEATH:

(a) County: **Christian**
(b) City or town: **Rural**
(c) Name of hospital or institution:
(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) **2**

8. (a) PRINT FULL NAME: **Mrs. Martha Little.**

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

4. Sex: **Female**
5. Color or race: **W**
6. (a) Single, widowed, married, divorced: **widow**

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

7. Birth date of deceased: **June 14, 1867.**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **22**
If less than one day hr. _____ min. _____

9. Birthplace: **Ga.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **housewife**

11. Industry or business _____

12. Name: **James Dean.**

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

14. Maiden name: **unknown.**

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: **Belle Hale**

(b) Address: **Billings, Mo. R#1.**

17. (a) **burial** (b) Date thereof: **Nov 10, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Pope Chapel**

18. (a) Signature of funeral director: **J.W. Maples**

(b) Address: **Cleaver, Mo.**

19. (a) **Nov 11, 1940** (b) **Herta Hicks**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) County: **Christian**
(c) City or town: **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Billings, R#1.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **5th**
year **1940** hour **6** minute _____ P. M.

21. I hereby certify that I attended the deceased from **July 21, 1940** to **Nov 5, 1940**;
that I last saw her alive on **Nov 5, 1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of Stomach
Auricular Fibrillation
Chronic myocarditis
Hypertension
Due to _____
Due to _____

Duration
18 months
6 months
unknown
unknown

Other conditions: **HL**
(Include pregnancy within 3 months of death)

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?
1618 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature: **Charles A. Spear** (M. D. or other) **MD.**
Address: **Billings, Missouri** Date signed: **Nov 6, 1940**

RECEIVED

District Health Officer No. 6,

District File Number 7140-2907

Date Filed DEC 2 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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clewer 710

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.