

No. 2
4-13-40
5-17-39
DEC 1940

Registration District No. **784**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Mary's Hospital
(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 FULLNAME Little, Barney

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 30 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>11</u>	hr. _____ min.

9. Birthplace Cherokee Co. N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Lee Little

13. Birthplace Union Co. Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bruce

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

16. (a) Informant Martha Little

(b) Address West Plains, Mo.

17. (a) Removal (b) Date thereof 11/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) NOV 13 1940 (b) PK Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains
(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 Nov. day 11
year 1940 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 8th, 1940, to Nov 11, 1940
that I last saw him alive on Nov 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death abscess in brain

Due to frontal sinus infection

Due to 104

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Surgeon infection to me - m m b

Of operations _____

Of autopsy _____

Duration 6 days

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature R. Russell (M. D. or other) 1

Address 415 Beaumont Bldg Date signed _____

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 *Albert L. Toppe*

Licensed Embalmer No. *1861*

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.