

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6279
State File No. _____
Registrar's No. 154

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County. Buchanan
(b) City or town. St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
In this community 22 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John S. Littlefield
3. (b) If veteran, name war none
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 Sadie Littlefield
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec. 17, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 16 _____ hr. _____ min.

9. Birthplace Eldon / Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Benton High School

12. Name William Littlefield

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

14. Maiden name Unknown

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

16. (a) Informant Donald Littlefield
(b) Address 321 Elizabeth

17. (a) Burial (b) Date thereof Feb. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Paul DeChik Mortuary
(b) Address 5025 King Hill Ave.

19. (a) Feb 6 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Buchanan / /
(c) City or town. St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Thompson /
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3
year 1941 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 11, 1941 to Feb. 3, 1941
that I last saw him alive on Feb. 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis, acute 6 da.
preceded by: Lobar pneumonia Jan 18, 1941
preceded by: Influenza Jan 11, 1941

Other conditions Hypertensive arteriosclerosis
cardio-vascular disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: _____
Of autopsy: Pericarditis, old infarct of heart
edema of lungs.
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? 85

(Specify type of place) While at work? _____ (e) Means of injury 12
23. Signature [Signature] (M. D. or other) MD
Address St. Joseph, Mo. Date signed 2-5-41

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 J. J. 2/3/41
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. J. [Signature]*

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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, fact should be so stated above: