

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21964**

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **74**

FILED JUL 11 1941

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution Clinic (Warrensburg) (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Laura Susan Little

(b) If veteran, name war _____

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 23
_____, 1941, to 6-2, 1941
that I last saw her alive on 6-2, 1941
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color of race White

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

6. (b) Name of husband or wife E. B. Little

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan-7-1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis

Duration 3 days

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

64 4 25 hr. min.

9. Birthplace Pittsville 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: Of operations Gall stone and hydroph. of gall bladder

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Meredith Rice

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

14. Maiden name Katherine Nelson

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

16. (a) Informant E. B. Little

(b) Address Holden Mo

17. (a) Burial (b) Date thereof June 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville Mo

18. (a) Signature of funeral director Sweeney-Puller

(b) Address Warrensburg Mo

19. (a) June 3-1941 (b) Budie Gentry
(Date received local registrar) (Registrar's signature)

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 R. Lee Cooper (M. D. or other) 0

Address Warrensburg Mo Date signed 6-2-41

JUL 12 1941

SEP 1 8 1941

SEP 3 0 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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.....

Earl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrsburg*

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.