

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

41
39
26390

STANDARD CERTIFICATE OF DEATH

State File No. 22371

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No.

1. PLACE OF DEATH:

(a) County Remond
(b) City or town Rural - Wardell
(If outside city or town limits, write "RURAL" and name of township)
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remond
(c) City or town Rural - Wardell
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Jackie Henry Little

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 28, 1940

(Month) (Day) (Year)

8. AGE: Years

Months 8

Days 9

If less than one day _____ min.

9. Birthplace Cator Co., Tennessee

(City, town or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER { 11. Industry or business

12. Name William Henry Little

13. Birthplace Cator Co. Tennessee
(City, town or county) (State or foreign country)

14. Maiden name Leola Mae Little
(City, town or county) (State or foreign country)

15. Birthplace Cator Co. Tennessee
(City, town or county) (State or foreign country)

16. (a) Informant M. C. Little

(b) Address Wardell Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-7-41
(Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director W. H. Burdette

(b) Address Remond, Mo.

19. (a) J. H. Creary (b) J. H. Creary
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 41 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from seen after death 6-6-41
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Duration

3 weeks

Due to _____

Due to _____

Other conditions Measles
(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?
5-20-41 (Specify type of place) While at work () Means of injury _____

23. Signature W. H. Burdette (M. D. occupant)
Address Wardell, Mo. Date signed 6-6-41

7-41-4

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.....

Licensed Embalmer No.....

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.