

S. No. 2
4-1-44-1
5-17-39
WI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27270

State File No. _____

FILED SEP 12 1941

Registration District No. _____

Primary Registration District No. 1602

Registrar's No. 2028

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1715 Summit /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Samuel Little

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 Widowed

6. (b) Name of husband or wife Viola Little

6. (c) Age of husband or wife if alive, years 14 1863

7. Birth date of deceased: July 14 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 18
If less than one day hr. min.

9. Birthplace: Richmond Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Little

13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula McCombs

(b) Address 1837 Summit, K.C., Mo.

17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation not known

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address 92138 Prospect, K.C., Mo.

19. (a) 9/3/41 (b) m. m. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1837 Summit
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 1941 year 11 hour 15 minute 15 M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him/her alive _____ and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Acute & chronic Coronary occlusion

Due to _____

Due to _____

Other conditions (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? _____

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

23. Signature [Signature] (M. D. or other) 0

Address 15-C. No. 1 Date signed _____

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

81208

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.....

Part G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

H. E. Mo

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.