

FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34249

Registration District No. 58

Primary Registration District No. 5092

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Pleasant Gap, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 FULL NAME Mrs Martha Ann Little

3. (b) If veteran, name war ✓ 3. (c) Social Security No. C

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Jesse Little 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov 28 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Leeper Jones
13. Birthplace Hickman Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Branstow
15. Birthplace not known Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Little
(b) Address Butler mo R.F.D.

17. (a) Burial (b) Date thereof Oct 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farriss Cemetery

18. (a) Signature of funeral director Bulvers
(b) Address Butler mo

19. (a) 10/7/41 (b) Mrs. Pauline Bean
(Date received local registrar) (Registrar's signature)
97 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pleasant Gap, Township
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1941 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1940 to Oct 1941
that I last saw her alive on Sept 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Alfred Leeper (M. D. or other)

Address Butler mo Date signed 10/7/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7.

District No. Number 11-41-1797

Date Filed 11-6-41

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, ~~and~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. Stanton Lisle

Licensed Embalmer No. 4123

P. O. Address.....

Butler, 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.