No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35183

Registration District No. 482

Primary Registration District No. 5551B

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson Sinclair
(b) City or town Buckner Mo
(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 years, months or days)
In this community 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Buckner Mo RFD#1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Archibald V. Littell

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. (Month) 21 (Day) 1857 (Year)

8. AGE: Years 83 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Page County Ia. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Same

FATHER
12. Name Archibald Littell
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Neighleigh
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Olonzo D. Littell
(b) Address Buckner Mo RFD#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greens Chapel
18. (a) Signature of funeral director Puppert Funeral Hand
(b) Address Buckner Mo
19. (a) 10-13-41 (Date received local registrar) (b) W. J. LaPlante (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1941 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from June 29, 1941, to Oct 13, 1941; that I last saw him alive on July 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 John W Robertson (M. D. or other) MD
Address Buckner Mo Date signed 10-13-41

1010 (Licensed Embalmer's Statement on Reverse Side)

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.

W. Roy Ewen

Signed W. Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington, Mo.

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.