

FILED FEB 16 1942

Registration District No. H61

Primary Registration District No. 3024

Registrar's No. 5

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

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Lexington Mo

(c) Name of hospital or institution: 18th Bloom

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Lexington 34 (If outside city or town limits, write "RURAL") 3

(d) Street No. 18th Bloom (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louise B. Littlejohn

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widow 2 divorced, widow

6. (b) Name of husband or wife Wm Littlejohn 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased June 9 1850 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	7	1	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Rosmoth L. Benton

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

14. Maiden name Isabella Lockland

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

16. (a) Informant Mrs. Dorsey Fayell

(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 1-12-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo

18. (a) Signature of funeral director W. H. H. (b) Address Lexington Mo

19. (a) 2-3-42 (b) Mrs. Fred Schwalb (Date received local registrar) (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 26 1941 to Jan 10 1942 that I last saw her alive on Jan 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Fracture rt hip

Other conditions arterial sclerosis (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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 054

(c) Where did injury occur? Lexington Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature B. B. Brasher (M. D. or other) Address Lexington Mo Date signed 2/3/42

Blasler

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-12-42

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 *Geo. A. McLean*

Licensed Embalmer No. *2983*

P. O. Address *Lexington, 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.

Registration District No. 461

Primary Registration District No. 3024

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Louisa B Littlejohn

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased June 9 (Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 15 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____ Year 1942 Hour _____ Minute _____ M.

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

Due to Fracture Right hip from fall

Due to _____

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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence December 26, 1942

(c) Where did injury occur? Lexington Mo. (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in home.

While at work? _____ (Specify type of place) (c) Means of injury from fall.

23. Signature Bob Brooks M.D. (M. D. or other)

Address Delmo 9th mo Date signed 3/5/42

SUPPLEMENTARY

