

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26436**  
Registrar's No. **3219**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
(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: **3425 East 9th St./**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **XX** (Specify whether  
In this community **60 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **5**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **3425 E. 9th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **William Little**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary E. Little**  
6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **August 23 1855**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **4**  
If less than one day hr. min.

9. Birthplace **Jackson County Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Storekeeper**

11. Industry or business **K.C. Terminal**

12. Name **No Record**

13. Birthplace **" "** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **" "** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. H. Barry**

(b) Address **3425 East 9th St.**

17. (a) **Burial** (b) Date thereof **8-31-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **J. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **8-28-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug.** day **27th**  
year **1942** hour **10** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **7/14 1942** to **8/27 1942**  
that I last saw him alive on **8/2/42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia 2 days.**

Due to **Acute interstitial nephritis**

Due to **" "** **107**  
Other conditions **n. n. o.**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury **0**

23. Signature **D. H. Russell** (M. D. or other) \_\_\_\_\_

Address **3011 E. Judson City** Date signed \_\_\_\_\_

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

MOTHER FATHER

SEP 25 1944

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 Cecil P. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, 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.