

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

FILED NOV 10 1942

State File No. ....

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 3rd & Lexington Sts.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME Edwin Berry Little

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 4, 1936, to Oct 28, 1942  
that I last saw him alive on Oct 27, 1942  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased March 24 1858  
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis  
Gen. Arteriosclerosis

Due to.....

Due to.....

Other conditions Prostatism  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

84	7	4	
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hr. min.

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Johnson County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business XXXX

12. Name John H. Little

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

14. Maiden name Marguerett Hammond

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

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.....

23. Signature Kelly Rawlin (M. D. or other).....  
Address Holden Mo Date signed 10/29/42

16. (a) Informant H. S. Little

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Oct 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Missouri

19. (a) Oct 29 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-42

NOV 12 1942

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 Samuel B. Rapp.

Licensed Embalmer No. 4044

P. O. Address Holden, MD

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.

STANDARD CERTIFICATE OF DEATH

State File No. 34096

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Halden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: not hospitalized  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Halden  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3rd & Lexington St.  
(If rural, give location)  
(e) Citizen of foreign country? X X (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 28 Year 1942 Hour 10 Minute 30 AM  
21. I hereby certify that I attended the deceased from June 1936 to Oct. 28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & arterio sclerosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Prostatism  
(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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Kelly Rowland (M. D. or other)  
Address Halden, Mo. Date signed 10/29/42

3. (a) PRINT FULL NAME Edwin Berry Little

3. (b) If veteran, name war No (c) Social Security No. None

4. Sex M 5. Color of race Cauc 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Mar 24 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business X X X

12. Name John H. Little

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

14. Maiden name Marguerett Hammond

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

16. (a) Informant H. S. Little

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Oct 29, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinech Cemetery

18. (a) Signature of funeral director S. Berry & Phillips

(b) Address Wassensburg, Mo.

19. (a) Oct. 29, 1942 (b) Mrs. Frank Morin (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

NOTED  
OCT 28 1942  
OCT 27 1942  
CHRONIC MYOCARDITIS & ARTERIO SCLEROSIS  
PROSTATISM

S-34096