

FILED NOV 4 1942

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. \_\_\_\_\_

100  
200

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston *Tenn*

(c) Name of hospital or institution: UNUSUAL

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community one year (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County Scott 5

(c) City or town Sikeston 2

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

(d) Street No. 819 Park St. (If rural, give location)

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

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT Lowell C. Little  
FULL NAME

3. (b) If veteran, name war World war one

3. (c) Social Security No. 316-14-2653

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margrie E. Little

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 9 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Flight instructor

11. Industry or business Army air force training

MOTHER FATHER { 12. Name O.H. Little

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

14. Maiden name Jeannette Bond

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

16. (a) Informant Records at air school

(b) Address Sikeston Mo.

17. (a) removal (b) Date thereof 10/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Ind.

18. (a) Signature of funeral director Walsh Funeral Home

(b) Address Sikeston Mo.

19. (a) 10/21/42 (b) Louise Largent  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 21 day \_\_\_\_\_  
year 1942 hour 3 minute 50 p. M.

21. I hereby certify that I attended the deceased from 10/20/42  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on Oct 20 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing and total mutilation of head (Intantaneous)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 173-6  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations 34

Of autopsy 2

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 067

(b) Date of occurrence Oct 20, 1942

(c) Where did injury occur? Bertrand, Mo. (Rural)  
(City or town) (County) (State)

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

While at work? yes (Specify type of place) (e) Means of injury Aeroplane crash

23. Signature Lt. Henry C. Doolittle M.C.  
(M. D. or other)

Address Sikeston, Mo. Date signed 10/21/42

1318

EM 9 434

RECEIVED

District Health Office No. 2,

District File Number 1142-1257

Date Filed 11-2-42

**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 Jack Kelly  
Licensed Embalmer No. 3788  
P. O. Address Sikeston 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.