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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40619

Registration District No. 98 Primary Registration District No. 5361 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Daviess Jackson twp.

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 0

(c) City or town (RURAL) Locks Springs, M 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME George Washington Litton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nannie Litton

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. (Month) 28 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	3	....hr. ....min.

9. Birthplace Williamsburg (City, town, or county) Kentucky / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Alexander Litton
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Octavia Steele
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hugh A. Litton
(b) Address Mercer, Missouri.

17. (a) Locks Springs (Burial, cremation, or removal) (b) Date thereof 12-3-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Locks Springs Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri

19. (a) 12-11-1942 (Date received local registrar) (b) L. O. Jackson (Registrar's signature)

1084

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1942 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from
Nov. 1942, to Dec. 1 - 1942,
that I last saw him alive on Dec. 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular ✓ — Duration

Due to .....

Due to .....

Other conditions
(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? .....
(Specify type of place)
While at work? (e) Means of injury .....

23. Signature A. G. Minick (M. D.)
Address Locks Springs Mo. Date signed Dec 3 1942

(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 E. R. Norman, Registered Apprentice No. ..... working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40619

Registration District No. 98 Primary Registration District No. 5361 Registrar's No. 36

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural (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 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Rural (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 —

3. (a) PRINT FULL NAME George W Litton

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

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

6. (b) Name of husband or wife Nannie 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 28 (Month) — 1865 (Day) (Year)

8. AGE: Years 77 Months 10 Days 3 If less than one day ... hr. ... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Alexander Litton
13. Birthplace ... (City, town, or county) unk (State or foreign country)
14. Maiden name Octavia Steele
15. Birthplace ... (City, town, or county) unk (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1942 hour 11:45 minute M.

21. I hereby certify that I attended the deceased from ... 19 ... to ... 19 ...; that I last saw h... alive on ... 19 ...; and that death occurred on the date and hour stated above.

Immediate cause of death ... Duration

Due to Peritonitis rupturae duodenal ulcer

Due to

Other conditions (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)

(b) 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 A. G. Minnick (M. D. or other)

Address Lock Springs, Mo. Date signed