

FILED JAN 11 1943 63  
Registration District No. 63

Primary Registration District No. 5596

Registrar's No. 64

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

1. PLACE OF DEATH  
 (a) County Jefferson  
 (b) City or town Desoto, Mo. Rte 3 VALLE  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: DESOTO - R. 3 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 3 years  
years, months or days

8. (a) PRINT FULL NAME JOE JULIETTE LITTEREST  
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
 6. (b) Name of husband or wife JOSEPH LITTEREST 6. (c) Age of husband or wife if alive DECEASED  
 Birth date of deceased July 5 1886  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day  
hr. min.

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

10. Usual occupation Housewife  
own home

11. Industry or business  
 12. Name Joseph Thomasse  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 9  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm Dickinson  
 (b) Address Desoto MO

17. (a) BURIAL (b) Date thereof 12-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Desoto, Mo.

18. (a) Signature of funeral director Raniel F. Malm  
 (b) Address Desoto MO

19. (a) 12-30-42 (b) Fern Spencer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Jefferson  
 (c) City or town Desoto Mo Rte 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route # 3  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 23 day Dec  
 year 1942 hour 3 minute 30 AM.  
 21. I hereby certify that I attended the deceased from Nov-30 1942 to Dec-23 1942  
 that I last saw him alive on Nov-30 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 24 day  
 Due to arterial sclerosis - w/ 14 years

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 83a!  
 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 \_\_\_\_\_  
 23. Signature Rathuse (M. D. or other) \_\_\_\_\_  
 Address Desoto MO Date signed 2-24-43

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**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: Daniel J. Mahu

Licensed Embalmer No. 3783

P. O. Address De Soto 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, above space should be left blank.**