. S. No. 2
M—9-4-41
v. 5-17-39
I X29-24

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6071

State File No.

FILED MAR 13 1943

Registration District No. 65 Primary Registration District No. 4114 Registrar's No.

21
0
0

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

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21 0

(c) City or town Mendon 0
(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 0

3. (a) PRINT FULL NAME Margeret Ada Littrell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 9 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation H. work

11. Industry or business

FATHER
12. Name Adam W. Littrell
13. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Ann Woods
15. Birthplace Carroll Co (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs J. C. McQueen
(b) Address Mendon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation McGullough

18. (a) Signature of funeral director S. J. Leopard
(b) Address Mendon Mo

19. (a) 2-18-1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17th
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 10th, 1943, to Feb. 16th, 1943; that I last saw her alive on Feb. 16th, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Cardiac Failure	(terminal)
Due to Intestinal obstruction (complete)	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

122a

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 [illegible] Frowler 2 (M. D. or other) D.O.
Address Mendon Mo. Date signed 2/18/43

1024

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-43

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 J. L. Leupard

Licensed Embalmer No. 3979

P. O. Address Mendon 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.