

S. No. 2
M-9.4.41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14898

State File No.

Registrar's No. 66

FILED APR 19 1943
Registration District No. 1048

Primary Registration District No. 5789

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

67
0
0

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 2 Mi. N.W. of East Prairie James
(If outside city or town limits, write "RURAL")

(d) Length of stay: In hospital or institution: 1 mo
(Specify whether)

In this community 5 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi. N.W. of East Prairie
(If rural, give location)

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

If yes, name country NONE

3. (a) PRINT FULL NAME Corene Littrell

3. (b) If veteran, name war No.

3. (c) Social Security No. No. NONE

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Noble Littrell

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 19 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>6</u>	<u>19</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Will D. Belew

13. Birthplace Lawrence Co. Tenn. /
(City, town, or county) (State or foreign country)

14. Maiden name F. V. Shelton

15. Birthplace Gracie A.R. /
(City, town, or county) (State or foreign country)

16. (a) Informant Noble Littrell

(b) Address East Prairie, Mo. R.F.D.

17. (a) Burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.O.W. East Prairie, Mo.

18. (a) Signature of funeral director John D. ...

(b) Address ...

19. (a) 4-1-43 (b) ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from about 1940 to March 8 1943
that I last saw her alive on March 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to about 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 12 lb

Major findings: Of operations

Of autopsy

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?

23. Signature Geo W Whitaker (M. D. or other)

Address East Prairie Mo Date signed 3/1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1571 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-508
Date Filed 4-15-48

Handwritten notes and signatures, including "John F. Nunnallee Jr."

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 *John F. Nunnallee Jr.*
Licensed Embalmer No. *3857*
P. O. Address *Charleston W. Va.*

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.