

FILED SEP 9 1943

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 40

1. PLACE OF DEATH

(a) County Boone
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Mile NE of Ashland 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 Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Mile NE of Ashland Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jahn Milton Little

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 3 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 9 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Little

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

14. Maiden name Jane Little

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

16. (a) Informant J. W. Little
(b) Address Ashland Mo 197 D 1

17. (a) Burial (b) Date thereof 8/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cant.

18. (a) Signature of funeral director W. L. Burnett
(b) Address Ashland Mo

19. (a) Sept 6 1943 (b) Mrs. Alice Ester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1
1943 to Aug 12 1943

that I last saw him alive on Aug 11 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Inappetency
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92a

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

23. Signature H. B. Fryer (M. D. or other) 0

Address Ashland Mo Date signed 8-1-43

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. M. L. Burnett
Licensed Embalmer No. 3564
P. O. Address Ashland 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.