

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

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229484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38856**

Registration District No. **267**

Primary Registration District No. **5980**

Registrar's No. **57**

1. PLACE OF DEATH:
 (a) County **Remiscot (Braggadise)**
 (b) City or town **Deering (Rural) Remiscot**
 (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 **one yr.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Remiscot**
 (c) City or town **Deering (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **0**
 If yes, name country

3. (a) PRINT FULL NAME **WILL LITTLES**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **✓**

4. Sex **M** 5. Color or race **Blk**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Lewis Little** 6. (c) Age of husband or wife if alive **51** years
 7. Birth date of deceased **april 20 1891**
 (Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **15** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Salis Littles**
 13. Birthplace **Macon Miss.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lou West**
 15. Birthplace **DK 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lewis Little**
 (b) Address **Saler mo.**

17. (a) **Burial** (b) Date thereof **11-11-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Saler Cem.**

18. (a) Signature of funeral director **Commonwealth Co.**
 (b) Address **Staley mo.**

19. (a) **Nov. 13-43** (b) **Geo. Richards**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **5**
 year **1943** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 1943**
from time I did not see him
 that last saw him **alive** above
 and that death occurred on the date and hour stated above.

Immediate cause of death **He had malaise & some nephritis**

Due to **280**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

Duration
 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?

While at work? (Specify type of place)
 (c) Means of injury
 23. Signature **D. C. McLean** (M. D. or other)
 Address **Holland mo** Date signed **11-6-43**

1327

10-43-309

DEC 9 1943

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 St. German
Licensed Embalmer No. 4355
P. O. Address Staley, 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.