. No. 2
—5-42
5-17-39
I X32875

03
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39324

State File No.

FILED DEC 8 1943

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Stoddard (Elk Twp)

(b) City or town (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 years, months or days)

In this community Four Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

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

(d) Street No. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Louis Littlea

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 ✓ 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 21 (Day) 1943 (Year)

8. AGE: Years No | Months 4 | Days 11 | If less than one day ✓ hr. ✓ min.

9. Birthplace Stoddard County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Louis Littlea
13. Birthplace Stoddard County (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Thelma Geneva Barnett
15. Birthplace Stoddard County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Louis Littlea

(b) Address Lovalle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Thomas E. Knight

(b) Address Parma Missouri

19. (a) 11-12-43 (Date received local registrar) (b) Corelia Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1943 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to Nov 4, 1943, that I last saw him alive on Nov. 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Olie Colitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 119a

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? (Specify type of place)

While at work? (e) Means of injury

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

Address Parma Date signed 11/12/43

1133

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1209
Date Filed 12-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.