No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

Registration District No. 302

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4104

Primary Registration District No. 6041

Registrar's No. 1478

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution:
6 miles SW of Naylor.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

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

(d) Street No. 6 mi SW of Naylor.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CLEM C. LITTLES.

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 Married

6. (b) Name of husband or wife Cora Leroux Littles

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec (Month) 13 (Day) 1883 (Year)

8. AGE: Years 60 | Months | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Ripley Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Tommie Littles
13. Birthplace Unk (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Mary Payne
15. Birthplace Ripley Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Cora Littles
(b) Address Naylor, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) Feb 1 — 1944 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 3, 1944 to Jan 11, 1944
that I last saw him alive on Jan 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to with hypertension

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93

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 [signature] (M. D. or other) MD

Address Naylor Mo Date signed 1/12/44

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 244105-
Date Filed 2. 7. 44

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 S. A. McCord

Licensed Embalmer No. 4079

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.