

FILED APR 28 1944

Registration District No. **2000**

Primary Registration District No. **2000**

Registrar's No. **300**

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

39
2
6

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1925 N. Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **1925 N. Benton**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Peter Lorenza Little**

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

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

6. (b) Name of husband or wife **Verdie Little** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **September 7, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	6	25	hr. min.

9. Birthplace **Unknown** **North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**
On Farm

11. Industry or business

12. Name **Fate Little**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Thompson**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andy Little**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **April 4, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
Clever, Missouri

(c) Place: burial or cremation

18. (a) Signature of funeral director **Alma Lohmeyr Funeral Home**
Springfield, Missouri

(b) Address

19. (a) **4-11-44** (b) **S. W. S. Hardley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**,
year **1944** hour **3:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **3/26**
1944 to **4/2/44**
that I last saw him **alive on 3/27/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration **6 days**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations
Of autopsy

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)
(e) Means of injury

23. Signature **C. E. Fuller** (M.D. or other)
Address **Springfield, Mo.** Date signed **4/4/44**

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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 *Keith Collier*.....

Licensed Embalmer No. *3632*.....

P. O. Address *Springfield 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.

X