DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1944

Registration District No. 883

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 15127

Registrar's No. 28

1. PLACE OF DEATH:

(a) County LINN

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

(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINN 58

(c) City or town Marceline 2 1
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME William E. Littrell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July (Month) 29 (Day) 1860 (Year)

8. AGE: Years 83 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Chariton Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name George Littrell
13. Birthplace Ky. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rizzie Blakley /
15. Birthplace Ky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon Briggs
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Comer

18. (a) Signature of funeral director J. L. Leipard
(b) Address Mendon Mo

19. (a) 4/16/44 (Date received local registrar) (b) P. L. Patrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1944 hour 3 minute p M.

21. I hereby certify that I attended the deceased from April 14, 1944, to April 14, 1944;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature P. L. Patrick (M. D.)
Address Marceline Mo Date signed 4/16/44

1300

(Licensed Embalmer's Statement on Reverse Side)

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~~ ~~3970~~

..... Registered Apprentice No. .....

working under my personal supervision.

Signed S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon Mo

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

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