

Registration District No. 190

Primary Registration District No. 5704

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Wheeling Wheeling Twp
(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 All life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Wheeling 59
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Virgil Littrell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct. day 25
year 1944 hour 7:00 minute 20 AM

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Littrell 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October (Month) 1891 (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10th, 1944 to Oct 25th, 1944
that I last saw him alive on Oct 25th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration _____

8. AGE: Years 73 Months _____ Days 24 If less than one day hr. _____ min. _____

Due to _____
Due to 94a

9. Birthplace Wheeling Liv Co 0 Missouri (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William J Littrell
13. Birthplace 0 Missouri (City, town, or county) (State or foreign country)

14. Maiden name Emma Gish
15. Birthplace La Porte Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Littrell
(b) Address Wheeling Mo
17. (a) Burial (b) Date thereof Oct 27 '44 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Wheeling cemetery
18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo
19. (a) Oct 25 '44 (b) Ruth J. Norman (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature R. A. Bryan (M. D. or other) MD
Address Wheeling Mo Date signed 10/25/44

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

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 self

....., Registered Apprentice No.
working under my personal supervision.

Signed Frank J Smiley

Licensed Embalmer No. 470

P. O. Address Whiting M

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.

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(a) County Livingston

(b) City or town Wheeling
(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 all life years, months or days

3. (a) PRINT FULL NAME William V. 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 m

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 18 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ min.

9. Birthplace Wheeling, W. Va. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Well repair

11. Industry or business _____

12. Name William V. Littrell

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

14. Maiden name Emma Gish

15. Birthplace La Porte, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Littrell

(b) Address Wheeling Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Samuel Francis Holme

(b) Address Wheeling Mo

19. (a) 10/26/44 (Date received local registrar) B. J. Norman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Wheeling
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1944 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 25 1944 to Oct 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 D.A. Bryan (M. D. or other) DO

Address Wheeling Mo Date signed _____

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

MOTHER FATHER

TEMPORARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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