S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9848

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 77

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City~~ Indep.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs. (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2918 Van Brunt Blvd. 419
(If rural, give location)

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

3. (a) PRINT FULL NAME George H. Littell

3. (b) If veteran, name war No

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 Ruth S. Littell

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. (Month) 2 (Day) 1901 (Year)

8. AGE: Years 43 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Audubon (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Electrican

11. Industry or business Sheffield Steel Co.

FATHER
12. Name Fred Littell
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Nellie Spengler
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ruth S. Littell
(b) Address 2918 Van Brunt Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 3-20-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1945 hour 3 38 minute 8 M.

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

Immediate cause of death Skull Fracture
Fracture of ribs
Due to Compound Fracture both ankles
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No - History + Inspection

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) accident
(b) Date of occurrence 3-17-45
(c) Where did injury occur? K. C. Jackson - mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? yes (e) Means of injury machinery

23. Signature James C Walker (M. D. or other) Coroner
Address 1424 Rowan Ave Date signed 3-18-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.