

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14663

FILED MAY 10 1945  
Registration District No. 224

Primary Registration District No. 3072

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Putnam Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Little Larsen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank Little 6. (c) -Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: February 26, 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cook Neb.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name George Hill  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant C.H. Hill  
(b) Address 314 East Arrow, Marshall, Mo

17. (a) Removal (b) Date thereof May 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vesta, Neb.

18. (a) Signature of funeral director Richard D. Buckley  
(b) Address Marshall, Mo.

19. (a) 5-1-45 (b) Thos. J. Whetlock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 314 East Arrow 2  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1945 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 29 1945 to April 30 1945  
that I last saw her alive on April 30 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other Conditions (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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Richard D. Buckley M. D. or other 120  
Address Marshall, Mo Date signed 5/1/45

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

17  
1  
2

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5/9/45

5761-1-106  
MAY 12 1945

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

*R. W. Campbell Jr.*

Licensed Embalmer No.

3469

P. O. Address

Marshall 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.