S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20683

State File No. 20683

FILED JUL 9 1945

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 60

1. PLACE OF DEATH:

(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)
In this community: 14 Yrs

2. USUAL RESIDENCE OF DECEASED: 51

(a) State: Missouri (b) County: Johnson 2
(c) City or town: Warrensburg Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 211 W. Gay St
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elmira Grover Littlefield
3. (b) If veteran, name war: —
3. (c) Social Security No.: No
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Webb Littlefield
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Jan (Month) 8 (Day) 1886 (Year)

8. AGE: Years 59 Months 5 Days 20 If less than one day hr. min.

9. Birthplace: Warrensburg (City, town, or county) Mo. 1 (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home

MOTHER FATHER
12. Name: Shanklin Gilkeson
13. Birthplace: (City, town, or county) Va. 1 (State or foreign country)
14. Maiden name: McMeal Grover
15. Birthplace: (City, town, or county) Md. 1 (State or foreign country)

16. (a) Informant: Kathryn Gilkeson
(b) Address: Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg Mo.
19. (a) June 29 1945 (Date received by local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1944 to June 28, 1945 that I last saw him alive on 6-28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary — Duration 3 yrs
Due to: Metastasis to intestine and mesentary
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: LPW
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:

23. Signature: R. Lee Cooper (M. D. or other) MD
Address: Warrensburg Mo Date signed 6-29-45

1001 (Licensed Embalmer's Statement on Reverse Side)

JAN 30 1947

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 J. Earl Priest.

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.