

FILED AUG 7 1945

Registration District No. 65

Primary Registration District No. 5251

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

Ho Chariton 21

(a) State..... (b) County.....

(c) City or town Hendon Rural
(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.....

3. (a) PRINT FULL NAME Charles C 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 Married

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

7. Birth date of deceased Sept 13th/1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>2</u>	hr. min.

Hendon Mo.

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

10. Usual occupation Farmer

11. Industry or business George Littrell

12. Name Hendon Mo.

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

14. Maiden name Kittie Blakley

15. Birthplace Hendon Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Littrell

(b) Address Hendon Mo.

17. (a) Burial (b) Date thereof 7/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hendon Mo.

18. (a) Signature of funeral director D. L. Dupard

(b) Address Hendon Mo.

19. (a) July 17 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased intermittently from April 27, 1945, to July 5, 1945;
that I last saw him alive on July 5th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death:

Pulmonary edema, with bloody expectoration 3 days

Due to Congestive Heart Failure

Due to Multiple ascending spinal-cord sclerosis 2 years

Other conditions Hypertensive heart disease?
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy none

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.....

23. Signature [Signature] (M. D. or other) MD
Address 716 45th Summer Mo. Date signed 7/16 45

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

MOTHER FATHER

RECEIVED

RECEIVED

RECEIVED

RECEIVED

8-6-45

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 *A. S. Shepard*

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.