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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

State File No. 24477

FILED AUG 14 1945

Registration District No. 27 Primary Registration District No. 4322 Registrar's No. 40

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. II days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town South Lineville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace Litton
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 Widowed
6. (b) Name of husband or wife Hugh Litton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 29, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	5	1	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Manager of Cafe.
11. Industry or business Own Cafe
MOTHER FATHER
12. Name Charles William Treon
13. Birthplace (City, town, or county) Ind. 1 (State or foreign country)
14. Maiden name Elizabeth Reeser
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Lauise Warnock
(b) Address Lineville, Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Breckenridge Mo.
18. (a) Signature of funeral director O. C. Greenlee
(b) Address Lineville Iowa
19. (a) 7/4/45 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 8:25 minute A. M.
21. I hereby certify that I attended the deceased from June nineteenth, 1945, to June 30, 1945, that I last saw her alive on June 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary thrombosis	
Due to: appendectomy	11da.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: acute appendix with free fluid in abdomen	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Byron J. Axtell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 7-3-45

1361

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 194

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 James Greenlee

Licensed Embalmer No. 3967.

P. O. Address Lineville Ala.

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.