S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30672

State File No.

FILED SEP 20 1945

Registration District No. 7 Primary Registration District No. 3025 Registrar's No. 79

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Hogan Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell 46
(c) City or town West Plains, Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. Walnut Str. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Little
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife D. B. Little
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 6 (Month) unk (Day) unk (Year)

8. AGE: Years Months Days If less than one day hr. min.
Est 84

9. Birthplace S. Carolina (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Bruce
13. Birthplace (City, town, or county) unk 9 (State or foreign country)
MOTHER 14. Maiden name Mary
15. Birthplace (City, town, or county) unk 9 (State or foreign country)
16. (a) Informant Gordon Livingston
(b) Address Kansas City, Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Robertson
(b) Address West Plains Mo
19. (a) Aug 5 45 (Date received local registrar) (b) Jail Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 1945 hour 2 minutes PM
21. I hereby certify that I attended the deceased from July 1, 1945, to July 12-7, 1945
that I last saw her alive on July 11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
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? In Christa Hogan Hospital (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address West Plains Mo July 23/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 945.365.
Date Filed 9.17.45.

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 D D Roberts

Licensed Embalmer No. 3432

P. O. Address West Paris, 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.