. S. No. 2
M—8-43
v. 5-17-39
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

State File No. 40795

FILED JAN 8 1946

Registration District No. 3

Primary Registration District No. 3010

Registrar's No. 431

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community Since 1920
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 620 South Sprigg Street 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Perry Daniel Little

3. (b) If veteran, name war World War # 2

3. (c) Social Security No. 490-05-7968

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 30th (Day) 1905 (Year)

8. AGE: Years 40 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Carothersville (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation Employed at Marquette

11. Industry or business Cement Plant

FATHER
12. Name William S. Little
13. Birthplace Elizabethtown (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Amanda Huffman
15. Birthplace Carothersville (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mr. & Mrs. Wm. S. Little

(b) Address Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 12-29-1945 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd year 1945 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & loss of blood

Due to Being struck by auto or truck while walking on Highway 61.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Dec. 23 1945 115

(c) Where did injury occur? Near Cape Girardeau (City or town) Cape (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1/2 mile west of Cape Girardeau on Highway 61.
(specify type of place)

While at work? No (e) Means of injury Struck by auto

23. Signature J. F. Sigmund 2 Coroner (M. D. or other)

Address Jackson, Mo. Date signed 12/28/45

1509

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 14-1516

Date Filed 1-7-46

JAN 25 1946

JAN 16 1946

OCT 8 1946

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 Howard L. Hamman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missour

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.