

No. 2
5-42
5-17-39
X3287

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4826

Registrar's No. 61

FILED MAR 8 1946
Registration District No. 3010

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: SOUTH EAST MO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether)

In this community 1 DAY
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

(c) City or town NEW MADRID
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY WALDON LITTLE

3. (b) If veteran, name war YES No 1

3. (c) Social Security No. 409-24-4155

20. DATE OF DEATH: Month FEB day 16 year 1946 hour 5 minute 3 P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs Harriet Little

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 29 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15 1946 to 2/16 1946

that I last saw him in alive on 2/16 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 6 Days 17 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis

Due to myocardial changes

Due to _____

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

10. Usual occupation Salesman

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Little

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

14. Maiden name Annice Woosley

15. Birthplace Union City Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harriet Little

(b) Address New Madrid Mo.

17. (a) Removed (b) Date thereof 2-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Union

18. (a) Signature of funeral director W. H. Edwards and Co.

(b) Address New Madrid Mo.

19. (a) 2-16-1946 (b) G. C. Drummond
(Date received local registrar) (Registrar's signature)

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 W. H. Edwards (M. D. or other) _____

Address Cape Girardeau Date signed 2/14/46

RECEIVED

District Health Officer No. 4
District File Number 346-1790
Date Filed 3-6-42

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. G. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.