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V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1946

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Herculaneum 2
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME Bobby Ray Litton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male D 5. Color or race White D 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased June 28th, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>8</u>	<u>10</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Sam Litton

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

14. Maiden name Edith Busch

15. Birthplace Granite City Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sam Litton

(b) Address Herculaneum, Missouri

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. (a) March 11, 1946 (b) Alvera Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1946 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 28
1946 to Mar 8, 1946

that I last saw h. l. m. alive on Mar 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (acute) 2 day
Sues 3 1/2 yrs

Due to _____

Due to _____

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

PHYSICIAN

Major findings: no 309

Of operations _____

Of autopsy none

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 Alvera Brown (M. D. or other) MD
Address Herculaneum, Mo Date signed 3/9/46

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

10
30

8817

148

(Licensed Embalmer's Statement on Reverse Side)

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.....

Eleana Province

Licensed Embalmer No. 3403.....

P. O. Address. Festus, Missouri.....

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.