

3. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

17538

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:
St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison, 74

(c) City or town Shidmore Rural Route #1. 0
(If outside city or town limits, write "RURAL.")

(d) Street No. Rural 2 mi. W. 1/4 S. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Warren Littles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1946 hour 4 minute 46 a.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.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth | 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: Apr 13, 1881
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage Duration 2 WK

Due to Hypertension

Due to _____

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

8. AGE: 65 Years | 27 Months | _____ Days | If less than one day _____ hr. _____ min.

9. Birthplace Des Moines Ia. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic (Auto)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name David Littles

13. Birthplace Ohio. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Peas

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Littles

(b) Address Shidmore Mo

17. (a) Burial. (b) Date thereof May 12, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City Mo.

18. (a) Signature of funeral director W.H. Campbell.

(b) Address Marionville Mo.

19. (a) May 14-46 (b) Bess Holt
(Date registered 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 Gilbert B. Kelley (M. D. or other) Med.
Address _____ Date signed _____

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

16418

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

W. C. Crawford

Licensed Embalmer No.

1824

P. O. Address

Grand City 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.