

FILED OCT 16 1946
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo.
(Specify whether years, months or days)

In this community 2 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 39

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nellie A. Littlefield

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / 5. Color or race Wht

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

6. (b) Name of husband or wife Walter B. Littlefield

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

7. Birth date of deceased Dec. 17 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 9 17 hr. min.

9. Birthplace Lomax Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William W. Harvey

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

MOTHER FATHER { 14. Maiden name Martha Simmons

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

16. (a) Informant Paul Clark

(b) Address 3026 E 32 St

17. (a) removal (b) Date thereof 10-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Ks.

18. (a) Signature of funeral director Simmons Funeral Home
(Specify type of place)

(b) Address 1404 So. 37th St

19. (a) 10-5-46 (b) Thereldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1946 hour 3 minute PM M.

21. I hereby certify that I attended the deceased from 9-10-46 to 10-4-46 that I last saw her alive on 10-4-46 and that death occurred on the date and hour stated above.

Immediate cause of death OBstructive jaundice

Due to Chronic Pancreatitis
Cystic degeneration

Other conditions 12 d
(Include pregnancy within 3 months of death)

Major findings: As above

Of operations _____

Of autopsy As above

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) _____

(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? FF

(e) Means of injury (1)

23. Signature J.R. Wilkinson (M. D. on duty) M.D.
Address 1103 Grand Ave Date signed 10/5/46

32482

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 H. J. J. J. J.
Licensed Embalmer No. 3903
P. O. Address 1500

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,