

FILED JAN 2 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39854

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 430

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution:
635a South Sprigg Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ since 1920
years, months or days)

3. (a) PRINT FULL NAME William S. Little

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Amanda Huffman 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February 13th 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired employee of

11. Industry or business Marquette Cement Plant

12. Name Perry Oliver Little

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

14. Maiden name Betty Garner

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

16. (a) Informant Mrs. Ananda Little

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 12-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address Cape Girardeau, Missouri

19. (a) 12-25-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 635a South Sprigg Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 15th 1946, to Dec. 20th 1946
that I last saw him alive on Dec. 20th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 4 days
Due to General debility

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations ASC PHYSICIAN _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury TI

23. Signature C. C. Summers (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 12/25/46

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

35000

Officer No. 4
District File Number 1246-303
Date Filed 12-30-46

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 P. Haman*.....
Licensed Embalmer No. 4122.....
P. O. Address. Cape Girardeau, 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.