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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **809**  
Registrar's No. **105**

Registration District No. **128** Primary Registration District No. **2000**

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

1. PLACE OF DEATH:  
(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**217 Cherry (residence)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **About 70 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRANK W. LITRELL**  
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 **May Littrell**  
6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **Feb 18 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 11 17** hr. min.

9. Birthplace **Lancaster, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**  
11. Industry or business **Pierce Book and Paper co**

MOTHER FATHER

12. Name **Edwin G. Littrell**  
13. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jane Boggs**  
15. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. May Littrell (wife)**  
(b) Address **217 Cherry**

17. (a) **Burial** (b) Date thereof **2-7-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Eastlawn Cemetery**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**  
(b) Address **Springfield, Missouri**

19. (a) **2-7-47** (b) **W S Handley MD**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **217 Cherry**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **5**  
year **1947** hour **3:** minute **00P.** M.

21. I hereby certify that I attended the deceased from **2 February 1947** to **5 February 1947**;  
that I last saw him alive on **5 February 1947**;  
and that death occurred on the date and hour stated above

Immediate cause of death **Cardiac decompensation** Duration **3 days**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
**95**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Wendell Stewart M.D.** (M. D. or other) **M.D.**  
Address **808 Woodruff Bldg - Springfield Mo.** Date signed **7 Feb '47**

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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.....

*Julian R. Goodrum*  
working under my personal supervision.

....., Registered Apprentice No. *473*.

Signed..... *L. A. Roof*

Licensed Embalmer No. *3044*

P. O. Address..... *Springfield, 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.