

No. 2  
-12-45  
5-17-39  
I. X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1201  
Registrar's No. 270

FILED FEB 5 1947

Registration District No. 177

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:  
4930 HIGHLAND AVENUE /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 YEARS years, months or days)

3. (a) PRINT FULL NAME MRS. MARY ELIZABETH LITTLETON

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. HARRY E. LITTLETON 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased JUNE 12 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 5 hr. min.

9. Birthplace GORE OHIO - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name ARTHUR WILSON /

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

14. Maiden name RUTH ASH

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

16. (a) Informant Harry E. Littleton

(b) Address 4930 Highland Ave

17. (a) BURIAL (b) Date thereof JAN-20-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director W. H. Newcomer done

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-20-47 (b) Esther Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4/2  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4930 HIGHLAND AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 17<sup>TH</sup>  
year 1947 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 31  
1943, to Jan 17, 1947  
that I last saw her alive on Jan 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic cardiac rupture  
and (myocardial infarction)  
Due to regurgitation

Due to pericarditis - valvular  
Other conditions terminal uraemia 2 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signatory Hubert Valente (M. D. or other) \_\_\_\_\_  
Address 1124 Poplar Bluff Date signed 4/27/47

*Handwritten signature*

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Bernard L. Gorum*  
Licensed Embalmer No. *4250*  
P. O. Address *N.C. 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.**