

FILED FEB 5 1947  
Registration District No. 22

Primary Registration District No. 3072

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

1. PLACE OF DEATH

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
514 N. Ellsworth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years  
years, months or days

3. (a) PRINT

FULL NAME Harry Lee Littleberry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color of W race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jess Littleberry  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased March 13 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 28 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Dallas Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

12. Name Silas Littleberry

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

14. Maiden name Martha Southard

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

16. (a) Informant E. L. Littleberry

(b) Address 624 N. Ellsworth

17. (a) Burial (b) Date thereof Jan 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urbana Mo

18. (a) Signature of funeral director Wayman Trever

(b) Address Urbana Mo

19. (a) Jan 11 47 (b) Mo T. Oakeschick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 514 N. Ellsworth  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1947 hour 2 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Jan 10 1947  
to Jan 10 1947  
that I last saw him alive on Jan 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signature C. L. Lawless (M. D. or other) \_\_\_\_\_

Address Marshall Mo Date signed 1-11-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-25-47

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

*Allen W. Vaughan*

Licensed Embalmer No.

4196

P. O. Address

Urbana, 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.