S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 8084

Registrar's No. 125

1. PLACE OF DEATH:
(a) County: BUTLER
(b) City or town: POPLAR BLUFF (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSP (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 HR. (Specify whether years, months or days)
In this community: 6 MO

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: BUTLER
(c) City or town: POPLAR BLUFF (If outside city or town limits, write "RURAL")
(d) Street No.: 307 SELMA (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: BOWMAN T. LITTLETON
3. (b) If veteran, name war: WORLD WAR #1
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: MAUDE LITTLETON
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: NOV (Month) 29 (Day) 1892 (Year)

8. AGE: Years 54 | Months 3 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace: EUREKA SPRINGS (City, town or county) ARK. (State or foreign country)
10. Usual occupation: PHOTOGRAPHER
11. Industry or business:
FATHER 12. Name: CHARLES B. LITTLETON
FATHER 13. Birthplace: MO (City, town or county) (State or foreign country)
MOTHER 14. Maiden name: CORDELIA WEEMS
MOTHER 15. Birthplace: UNKNOWN (City, town or county) (State or foreign country)
16. (a) Informant: Maude Littleton
(b) Address: Poplar Bluff Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pittsburg Kans
18. (a) Signature of funeral director: Frank Cottrell
(b) Address: Poplar Bluff Mo
19. (a) 3/27/47 (Date received by local registrar) (b) R. Mundle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 25 year: 1947 hour: 8 minute: 50 P.M.
21. I hereby certify that I attended the deceased from 12 O'clock Noon 25 March 47, 19__ to 8:30 pm 25 March 47 that I last saw him alive on 25 March 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, lobar
Due to: General debility
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)

Duration

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Emil A. Rost (M. D.)
Address: Poplar Bluff Mo. Date signed: 26 Mar 47

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1947

APR 30 1947 APR 10 1947

RECEIVED
District Health Office No. 2,
District File Number 442-486
Date Filed 4-3-47

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 Jen Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff, 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.