

No. 2
5-43
17-39
X36671

FILED MAY 13 1947

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 177

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 28 Days Hospit
In this community 28 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe City R. 2 0
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEO LAMBERT LITTLE

3. (b) If veteran, name war No

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 Lois Elizabeth

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 3rd 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 5 29 hr. _____ min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John W. Little

13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary R. McCallister

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

16. (a) Informant Mrs. Lois Elizabeth Little

(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof May 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stevens Cemetery

18. (a) Signature of funeral director WILSON & SONS

(b) Address Monroe City, Mo.

19. (a) 5-3-47 (b) W. E. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Silicosis

Due to Silicosis

Other conditions Silicosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

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? Monroe City

(e) Means of injury _____
While at work? _____

23. Signature Harry L. Green (M. D. or other) _____
Address 100 N. 10th St. Hannibal Date signed 5/3/47

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 me

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

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe, Louisiana

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.