No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 190

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1722

Primary Registration District No. 5704

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Wheeling
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston 59
(c) City or town: Wheeling 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Dora Patton Littrell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James S. Littrell
6. (c) Age of husband or wife if alive: (D) years
7. Birth date of deceased: April (Month) 17 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	10	hr. min.

9. Birthplace: Lancaster County, Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
FATHER
12. Name: Joseph E. Patton
13. Birthplace: Lancaster County, Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catharine Emery
15. Birthplace: Lancaster County, Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. E. B. Bright
(b) Address: Wheeling, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Wheeling (Mo) Cemetery
18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri
19. (a) 1/29/48 (Date received local registrar) (b) Mrs Lottie Boope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1948 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from JAN. 27 '46, 19..., to JAN. 27 '46 19 48 that I last saw h. alive on JAN. 27, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NONE
Of autopsy

PHYSICIAN
Underline the cause of 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: D. G. Bryan (M. D. or other) D.O.
Address: Wheeling, Mo. Date signed 1/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

SEP 28 1951

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.