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 MAR 22 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7907
Primary Registration District No. 1000
Registrar's No. 335

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1337 Buchanan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1337 Buchanan Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME David R. Littler
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E.
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased February (Month) 3 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	84	1	12	hr. min.

9. Birthplace Xenia (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired Contractor
11. Industry or business Own
FATHER
12. Name George Littler
13. Birthplace Xenia (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Stillings
15. Birthplace Xenia (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Mary E. Littler
(b) Address 1337 Buchanan Ave. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 3-18-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 383

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1948 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from July 8, 1943, to Mar 15, 1948;
that I last saw her alive on July 8, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	3 wks.
Hypertension	dwnd yrs.
Arteriosclerosis	" "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
83 A

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 L. Hoverlen (M. D. or other) M.D.
Address 620 Francis St. St. Joseph, Mo Date signed 3-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 27 1948

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.