

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **112718**  
 Registrar's No. **1654**

FILED APR 24 1948

Registration District No. **149**

Primary Registration District No. **1002**

48  
 3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County JACKSON  
 (b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 DAYS  
(Specify whether years, months or days)  
 In this community 42 YRS.

**3. (a) PRINT FULL NAME** JOHN LITTLE  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. unknown

4. Sex MALE 5. Color or race NEGRO  
 6. (a) Single, widowed, married, divorced, WIDOWED  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased APRIL 11, 1873  
(Month) (Day) (Year)

**8. AGE:** Years 74 Months 11 Days 23  
 If less than one day hr. / min.

9. Birthplace TOSSNOT NORTH CAROLINA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOD-CARRIER

11. Industry or business

**MOTHER FATHER**  
 12. Name MATTHEW LITTLE  
 13. Birthplace NORTH CAROLINA  
(City, town, or county) (State or foreign country)  
 14. Maiden name JANE HOGAN  
 15. Birthplace NORTH CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant PINKIE LEE NELSON (FRIEND)  
 (b) Address 1411 HIGHLAND

17. (a) Removal (b) Date thereof 4 15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Joseph School of Obedience

18. (a) Signature of funeral director H. B. Moore  
 (b) Address 1820 E. 18th St.

19. (a) 4-15-48 (b) Sheldine Holman  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County JACKSON  
 (c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1411 HIGHLAND  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 4, year 1948 hour 2: minute 15 A. M.

21. I hereby certify that I attended the deceased from MARCH 4, 1948 to APRIL 4, 1948  
 that I last saw h. IM alive on APRIL 4, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 938  
(Include pregnancy within 3 months of death)  
 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? \_\_\_\_\_

While at work? U (Specify type of place)  
 (c) Manner of injury \_\_\_\_\_  
 23. Signature Frank [Signature] M. D. M. D.  
 Address GENERAL HOSPITAL NO. 2 Date signed 4/5/48

**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.....

*HB Moon*

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

**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.**