

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 112719
Registrar's No. 1811

FILED MAY 7 1948
Registration District No. 849

Primary Registration District No. 1002

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

18
3
8

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community about 4 years
(Specify whether years, months or days)

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. 5 W. 6 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Luther Little
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18
year 1948 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 29 1948 to April 18 1948
that I last saw him alive on April 18 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Little
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Feb. 10 1883
(Month) (Day) (Year)

Immediate cause of death Cirrhosis of liver
Duration _____

8. AGE: Years 65 Months 2 Days 8
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

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

11. Industry or business _____
12. Name David Little
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Martha Bruce
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1
17. (a) Burial (b) Date thereof 4-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

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)

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 4-27-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wm W. Hart (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 4-19-48

B. White

YAM GENE

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 *Blaine E. Walcott*
Licensed Embalmer No. *4075*
P. O. Address *P.C. 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.