No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 37496

Registrar's No. 259

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 77 years

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

3. (a) PRINT FULL NAME: JOEL BENJAMIN LITTEN
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: Emma Litten
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 25 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
77	3	7	hr. min.

9. Birthplace: Gentry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Self-employed
MOTHER FATHER
12. Name: Wm. Kingston Litten
13. Birthplace: Monroe Co. (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Sarah Ann Coffey
15. Birthplace: So. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Emma Litten
(b) Address: Conception Jct., Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri
19. (a) 11/6/48 (Date received by local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 2 year: 1948 hour: 9 minute: 15 A.M.
21. I hereby certify that I attended the deceased from 9/16, 1948, to 11/2, 1948; that I last saw him alive on Nov. 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic aneurysm	2 mos.
Due to: Arteriosclerosis, generalized	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 30D	

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Paul J. Kodull (M. D. or other) M.D.
Address: Concept. Jct. Mo Date signed 11/3/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.