

FILED JAN 5 1949

Registration District No. 27

Primary Registration District No. 4120

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Clever
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Clever
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William Asbery Little

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M 5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theodosia Lillian Manes

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 24 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>14</u>hr.min.

9. Birthplace Rogers Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name George Little

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Martin

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dee Little

(b) Address Billings, Mo.

17. (a) Burial (b) Date thereof 12-10-'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clever, Mo.

18. (a) Signature of funeral director John Ross Harris

(b) Address Clever, Mo.

19. (a) Dec. 10 - 1948 (b) William Asbery Little
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1948 hour 4 minute 15 p.m.

21. I hereby certify that I attended the deceased from September, 1948, to December 8, 1948;
that I last saw him alive on December 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 9 Hours

Due to.....

Due to.....

Other conditions Papillary cystadenocarcinoma of Thyroid removed Aug 13, 1948

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.....

Major findings: 550

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

23. Signature Karl J. Leiding (M. D. or other) M.D.

Address Clever, Mo. Date signed 12/19/48

RECEIVED

District Health Officer No. 6,

Sanitary District No. 1248-1441

Case No. 12-31-48

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 _____

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.