FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1949

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2268

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 17

**1. PLACE OF DEATH:**
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 134 Hurley Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 134 Hurley 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert James Little
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel N. Little
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 8 (Day) 1879 (Year)

8. AGE: Years 69 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation carpenter
11. Industry or business
FATHER
12. Name Elliott Little
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Sarah Jones
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Mrs. Ethel N. Little
(b) Address Moberly, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/49 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director Marion E. Millison
(b) Address Moberly, Missouri
19. (a) 1-25-49 (Date received local registrar) (b) Leah Williams Cole (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 23 year 1949 hour minute 3:15a. M.
21. I hereby certify that I attended the deceased from June, 1948, 19..., to Jan. 23, 1949 that I last saw him alive on January 23, 1949 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia due to Prostatic obstruction | 1 yr. |
| Due to Hydro-nephrosis | 6 mons. |
| Due to Terminal Pneumonia | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations Prostatic Obstruction Dec. 2, 1948
Of autopsy None

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 Henry K Baker (M. D. or other) M.D.
Address 208½ N.4th, Moberly, Mo Date signed 1/24/49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 2-49-
Date Filed FEB 2 - 1949

**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 Marion E. Millican

Licensed Embalmer No. 3957

P. O. Address Moberly, Miss

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**