

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37125

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1832

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 2123 Prospect Avenue 2501	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED a. (First) SAM b. (Middle) c. (Last) LITTLE			4. DATE OF DEATH (Month) (Day) (Year) November 14 1950		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 29 1882		9. AGE (In years last birthday) 68		10. MONTHS UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SIBLEY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME SAM LITTLE		13b. MOTHER'S MAIDEN NAME JULIA		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 440-12-9112		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. JULIA L. WADE 2505 East 23rd Street	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GANGRENE OF LOWER LEFT EXTREMITY		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) THROMBOSIS - arterial					
		DUE TO (c) UNDETERMINED CAUSE					
II. OTHER SIGNIFICANT CONDITIONS		HYPERTENSION				4547	
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from 11-13, 19 50, to 11-14, 19 50, that I last saw the deceased alive on 11-14, 19 50 and that death occurred at 10:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE E. Frank Ellis (Degree or title) MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 11-15-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 18 1950		24c. NAME OF CEMETERY OR CREMATORY Wincola Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 11-17-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Funeral Home K.C. Mo.			

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

No. 300
10-48

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Kenneth Ford*
Licensed Embalmer No. *4437*

P. O. Address.....

-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.