

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2534

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) KANSAS CITY-14th		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN GRANDVIEW
d. FULL NAME OF HOSPITAL OR INSTITUTION 3537 MAIN STREET LINDEMAN NURSING HOME		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 5th & DEWEY AVENUE		7000/1	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HARRISON c. (Last) LITTLE	4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 19 1869	9. AGE (In years last birthday) 85	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUYER & OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY REALTY COMPANY AMERICAN WALNUT CO	11. BIRTHPLACE (City and State or Foreign Country) HAZEL GREEN, KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MILES DAVID LITTLE	13b. MOTHER'S MAIDEN NAME EASTER LANEAN	14. NAME OF HUSBAND OR WIFE MINNIE FRANCES LITTLE
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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. 513-20-0743	17. INFORMANT'S SIGNATURE OR NAME MRS. ESTELLA PURSEL	ADDRESS 3414 PROSPECTIVE KANSAS CITY MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency with complete heart block		INTERVAL BETWEEN ONSET AND DEATH 45m
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from May 22, 1954 to June 3, 1954, that I last saw the deceased alive on June 2, 1954, and that death occurred at 3:18 P. m., from the causes and on the date stated above.

23a. SIGNATURE Sam D. Hooper	(Degree or title) D.	23b. ADDRESS Grandview, Mo.	23c. DATE SIGNED June 5 '54
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE JUNE 6 1954	24c. NAME OF CEMETERY OR CREMATORY OLD FRAME CEMETERY	24d. LOCATION (City, town, or county) (State) 3/2 MI. N.E. OF DEARBORN, MO.
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DATE REC'D BY LOCAL REG. 6-5-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Chester K Brown*

Licensed Embalmer No... *49*

P. O. Address... *KE m*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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