DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18779

State File No.

FILED JUN 11 1943

Registration District No. 292 — Primary Registration District No. 5999 — Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 103 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls

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

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Frances M. Little

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. Little 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec 1 1839
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
103	5	11	____ hr. ____ min.

9. Birthplace Ralls County Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own Home

MOTHER FATHER

12. Name Levi Keithly

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

14. Maiden name Helen Bell

15. Birthplace ____ (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant's own signature Laurence Little

(b) Address Center Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Center Mo

19. (a) 5/24/43 (Date received local registrar) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 2 minute 30A M.

21. I hereby certify that I attended the deceased from May 5, 1943 to May 12, 1943
that I last saw h[illegible] alive on May 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis (acute)	7 Days
Due to rheumatism	
Due to rheumatism	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 E. H. Brooks (M. D. or other) DO

Address Center, Mo Date signed May 14 43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 6-43-1275
Date Filed JUN 10 1943

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 Geo A Hulen

Licensed Embalmer No. 3356

P. O. Address Center Minn

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, above space should be left blank.