

FILED JAN 12 1945

Registration District No. 137

Primary Registration District No. 5516

Registrar's No. 218

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Springfield Rural
(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 37 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Springfield Rural
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Lee Berry 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 Ananda Little 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct 14 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name Calven Little
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Berry
15. Birthplace Newberry Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Housey
(b) Address Calhoun Mo.
17. (a) Burial (b) Date thereof Dec 13 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J.A. Housey
(b) Address Calhoun Mo.
19. (a) December 11, 1944 (Date received local registrar) Georgia Kitchener (Registrar's signature) J.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 12-1, 1944, to 12-10, 1944; that I last saw him alive on 12-1, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of long & atherosclerosis Duration 3 mths
Due to 114 d
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____ 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 H.W. Walker (M. D. or other) M.D.
Address Clinton Mo. Date signed 12-11-44

RECEIVED

District Health Officer No. 7.

District File Number 12-4414-74

Date Filed 1-11-45

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 *myself*.

Registered Apprentice No.

working under my personal supervision.

Signed

J. A. Housey

Licensed Embalmer No. 3502

P. O. Address

Calhoun 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.