

2
7-39
X23159

Registration District No. 735 Primary Registration District No. 3054 SA 7A Registrar's No. 243

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Russell RR # 4
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sugar Creek
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11
(Specify whether)
 In this community 2 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 City or town Russell RR # 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME WILLIAM LITTLE FATHERTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28 day Nov
 year 1940 hour 8 minute 300 M.

4. Sex m 5. Color or race w
 6. (b) Name of husband or wife Rosie 6. (c) Age of husband or wife if alive 15 years

21. I hereby certify that I attended the deceased from
Nov. 27/1940 to Nov 28/1940
 that I last saw him alive on Nov 27 - 1940
 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 1 1925
(Month) (Day) (Year)
8. AGE: Years 20 Months 5 Days 22
If less than one day hr. min.

Immediate cause of death Pneumonia
 Due to following flu
 Duration four days

9. Birthplace Ardenmore Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver

Other conditions HW
(Include pregnancy within 3 months of death)

11. Industry or business 0
12. Name William Fatherton
13. Birthplace Chautauq Co Mo
(City, town, & county) (State or foreign country)
14. Maiden name Rosie Little
15. Birthplace Ardenmore Mo
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mr Luther Wilson
 (b) Address Moberly Mo RR # 4
17. (a) Burial, cremation, or removal Russell (b) Date thereof Nov 30 1940
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (Specify) no
 (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? no

18. (a) Signature of funeral director Thom B. Patton
 (b) Address Hunterton Mo
19. (a) Nov 30 - 40 (b) Paul Hillman
(Date received local registrar) (Registrar's signature)

23. Signature L E. Fisher (M. D. or other) MD
 Address Moberly Mo Date signed 12/6/40

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2288

Date Filed DEC 12 1940

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.