No. 2
9-4-41
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X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22083

State File No.

Registration District No. 733 — Primary Registration District No. 4438 — Registrar's No. 42

88
1
0

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: County Infirmary 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED: 88

(a) State Missouri (b) County Randolph 1

(c) City or town Huntsville 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jasper Littrell

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 14 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation General Laborer

11. Industry or business

FATHER
12. Name D. T. Littrell
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Martha F. Gashwiler
15. Birthplace Howard County (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. M. Forest
(b) Address St. Louis, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetary

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo

19. (a) 7-1-42 (Date received local registrar) (b) Mrs. P. V. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day June 7 year 1942 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1942, to June 6, 1942 that I last saw him alive on June 5th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration Sudden

Due to Chronic Interstitial Nephritis — 1 yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

1310

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? Means of injury

23. Signature D. H. Johnston (M. D. or other) DO

Address Huntsville, Mo. Date signed 7/1/42

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1347
Date Filed JUL - 6 1942

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 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp. the above constitutes grounds for revocation of license.)

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22083

Registration District No. 133 Primary Registration District No. 4438 Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Huntsville
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 2 wks (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: (b) County:

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Jasper Littrell

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb (Month) 14 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) MO (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant:
(b) Address:

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation:

18. (a) Signature of funeral director:
(b) Address:

19. (a) 7-1-42 (Date received local registrar) (b) Mrs. P. V. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from: 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Due to:	
Due to:	
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: (M. D. or other)
Address: Date signed:

SUPPLEMENTARY

S-22083