

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18562

Registration Date JUN 1 1943

Primary Registration District No. 3048

Registrar's No. 84

1. PLACE OF DEATH:  
 (a) County Nodaway  
 (b) City or town Maryville, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Hours  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Atchison  
 (c) City or town Fairfax, Mo. (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. - - - - -  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country - - - - -

3. (a) PRINT FULL NAME Lois Little Northcutt

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 31 year 1943 hour 5 minute 55 P.M.

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

21. I hereby certify that I attended the deceased from May 10, 1943, to May 31, 1943; that I last saw her alive on May 31, 1943; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife - - - - - 6. (c) Age of husband or wife if alive - - - - - years  
7. Birth date of deceased May 25, 1879  
(Month) (Day) (Year)

Immediate cause of death  
Adenocarcinoma of stomach with gastric hemorrhage  
 Duration 1 mo  
 Due to - - - - -

8. AGE: Years Months Days If less than one day  
64 0 6 hr. - - - min.

Due to - - - - -

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

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

10. Usual occupation Housewife

Major findings: Of operations - - - - -

11. Industry or business None

Of autopsy - - - - -

12. Name William Butler Little

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) - - - - -

14. Maiden name Susan Hopkins

(b) Date of occurrence - - - - -

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

(c) Where did injury occur? (City or town) (County) (State) - - - - -

16. (a) Informant Mrs. Hubert Rosser

(d) Did injury occur in or about home, on farm, in industrial place, in public place? - - - - -

(b) Address Fairfax, Missouri

While at work? (Specify type of place) (e) Means of injury - - - - -

17. (a) Burial (b) Date thereof (Month) (Day) (Year) - - - - -  
(Burial, cremation, or removal)

23. Signature H.C. Beaman (M. D. or other) MD  
Address Fairfax Mo Date signed 6/1/43

(c) Place: burial or cremation Wheaton, Mo.  
18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville, Mo.  
19. (a) 6-1-43 (b) Mary Cole  
(Date received local registrar) (Registrar signature)

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

74  
1  
20

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**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 *Clay M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville 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.**