REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6838
Do not use this space.

1. PLACE OF DEATH Greene
(a) County Greene Registration District No. 322
(b) Township Jackson Primary Registration District No. 5447A Registered No. 8
(c) City Fair Grove (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHRISTOPHER COLUMBUS SMALL 640
(a) Residence, No. Fair Grove Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1845
7. AGE YEARS 92 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. On farm
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Robert Small
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.

MOTHER
15. MAIDEN NAME Martha R. Donnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Car.

17. INFORMANT (ADDRESS) J. A. Small Strafford Mo. R#2
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE March 1, 1938
19. FUNERAL DIRECTOR (ADDRESS) Pleasant Ridge J. W. Klingner Co. Springfield Mo.
20. FILED Mar 1, 1938 Allan Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from 2/26, 1938 to 2/26, 1938
I last saw him alive on 2/26, 1938. Death is said to have occurred on the date stated above, at 6/40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
162	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, J B Klingner, Licensed Embalmer No. 3358

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy A-Gavin

#1763 I. E. Warren J. Hoblett

No. 4005 Ed by Wm Max Rhodes, Registered Apprentice No. 117

working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 3358

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