

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9744**
1153
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3918 McVee**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **50 years**
years, months or days

3. (a) PRINT FULL NAME **Herbert H. Small**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary E. Small** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **September 4, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	6	15	hr. _____ min. _____

9. Birthplace **Norway, Maine**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Baggage Handle**

11. Industry or business **K. C. Terminal**

12. Name **Joseph Small**

13. Birthplace **Norway, Maine**
(City, town, or county) (State or foreign country)

14. Maiden name **Elois Hobbs**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary E. Small**

(b) Address **4202 Holly**

17. (a) **Burial** (b) Date thereof **3/21/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Zwick & Telen Co.**

(b) Address **K. C. Mo.**

19. (a) **3/20/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **7**

(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")

(d) Street No. **4202 Holly** **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **19** day **March**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec. 4th**, 19**40** to **March 19**, 19**41**;
that I last saw him alive on **March 19**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Senile degeneration**

Other conditions **94 W**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) **NO**
(b) Date of occurrence **NO**
(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?

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **James J. Ferguson** (M. D. or other)
Address **410 Bryant Blvd.** Date signed _____

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

MOTHER FATHER

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: .....

Licensed Embalmer No. 4097.....

P. O. Address 20 W. Lincoln.....

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.