

FILED APR 14 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Grim-Smith Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 5 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox  
(c) City or town Edina (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 Hattie Martha Small

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecil Small 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan - 30 - 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months I Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union County, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. Harden

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

14. Maiden name Irene Jackson

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

16. (a) Informant Cecil Small

(b) Address Edina, Missouri

17. (a) burial (b) Date thereof Mar-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville-Edina, Mo.

18. (a) Signature of funeral director: Keith Hudson

(b) Address Edina, Missouri

19. (a) 3/29/43 (b) Mrs. J. L. Wayne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1943 hour 11 minute 59 P.M.

21. I hereby certify that I attended the deceased from March 23, 1943 to March 23, 1943  
that I last saw her alive on March 23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombotic Coronary Perforation 20 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions J3a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy X

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? \_\_\_\_\_

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

23. Signature E. S. Smith (M. D. or other)  
Address Kirksville Date signed 3/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1047

APR 25 1943

RECEIVED

District Health Officer No. 10

District File Number 4-43-744

Date Filed APR 13 1943

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..... Keith Hudson

Licensed Embalmer No. 2413

P.O. Address Edina, Minn.

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.