S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13450

Primary Registration District No. 2000

Registrar's No. 317

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: CITY HOSPITAL - 2 -
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE

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

(d) Street No. 1336 - N - PROSPECT
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSSIE SMALL

3. (b) If veteran, name war NONE

3. (c) Social Security No. UNK.

4. Sex Female

5. Color or race NEGRO

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

6. (b) Name of husband or wife LEWIS SMALL

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1877 (Year)

8. AGE: Years 68 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

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

MOTHER
14. Maiden name LULA ABERNATHY
15. Birthplace BATTLEFIELD (City, town, or county) Mo. (State or foreign country)

16. (a) Informant MRS JESSIE HIALEY

(b) Address 717 - N. WASHINGTON - Spfd, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 - 16 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation HAZLEWOOD

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 - N - Jefferson, Spfd, Mo

19. (a) 4-16-45 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13 year 1945 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4/11/45, 19 to 4/12, 1945 that I last saw her alive on 4/12/45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Nasal Hemorrhage — Duration 10 da

Due to Sclerosis Arteries

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 97

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 A. E. Adder (M. D. or other)

Address Springfield Mo. Date signed 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

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.....Herbert V. Smith.....

Licensed Embalmer No.....4286.....

P. O. Address.....Youngwelp Ia.....

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.