

FILED AUG 9 1945  
Registration District No. 116

Primary Registration District No. 3020

State File No. \_\_\_\_\_

Registrar's No. 10

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hr.  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Daniel P. Small  
3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 31st 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 22 hr. min.

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

10. Usual occupation Retired shoe worker

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

12. Name Archable Small  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Willis  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Byron Small  
(b) Address Union Mo.

17. (a) Burial (b) Date thereof 7/25/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Presbyterian

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo.

19. (a) 7-24/45 (b) Lucile R. Brooke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Union  
(If outside city or town limits, write "RURAL")  
(d) Street No. Brown St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-5 1942 to July 23 1945  
that I last saw him alive on 7-23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Occlusion of left femoral artery with thrombus Duration 1 day  
Due to arteriosclerosis  
cardio vascular disease 6 yrs.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 97  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. E. Johnson (M. D. or other) M.D.  
Address Union, Mo. Date signed 7-24-45

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

6  
6  
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

8845

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.....

E. F. Ottomano

Licensed Embalmer No.....

1686

P. O. Address.....

Union 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.