S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1947

Registration District No. 291

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14605

Primary Registration District No. 5994

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missoura (b) County Putnam

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

(d) Street No. Unionville, Mo. R. F. D.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David Small

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella Small

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 (Month) 27 (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Calvin Small
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Jane McDonald
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Stella Small,
(b) Address Unionville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Thompson cem

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 5-1-47 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1947 hour 5.30 minute a M.

21. I hereby certify that I attended the deceased from Jan 9, 1947, 19 to April 21, 1947 that I last saw him alive on April 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Chronic Left Kidney Enlarged — Duration 2

Due to Chronic Renal Cardio Vascular disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature N. W. Gillman (M. D. or other) DO
Address Unionville Mo. Date signed 4-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 547-765
Date Filed MAY - 5 1947

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 Kenneth S. Clavens, Registered Apprentice No. 418, working under my personal supervision.

Signed F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.