. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38718

Primary Registration District No. 55-86

Registrar's No. 214

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: "Rural" Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carthage, Route #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 13 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: "Rural" Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: James Henry SMALL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Virginia A. Jerniga Small
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: August (Month) 20 (Day) 1869 (Year)
8. AGE: Years 78 | Months 1 | Days 20 | If less than one day ____ hr. ____ min.
9. Birthplace: Ashgrove (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER
12. Name: James Henry Small
13. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Susan E. Patterson
15. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Virginia A. Small
(b) Address: Route #2 Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 (Month) 11 (Day) 47 (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 10-11-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th. year 1947 hour 5:40 minute P. M.
21. I hereby certify that I attended the deceased from May 23, 1947, to Oct. 9, 1947, that I last saw him alive on Oct. 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation with complete "backward" failure	2-3 months
Due to: Arteriosclerotic heart disease	years
Due to:	
Other conditions: 1) Generalized arteriosclerosis 2) Chronic rheumatoid arthritis (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: NO	

PHYSICIAN — Underline the cause of 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: Charles F. Lobell (M. D. or other) MD
Address: 347 S. Main, Carthage Mo. Date signed Oct. 11, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-9-795

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.