

**FILED JUN 13 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16008
Do not use this space.

1. PLACE OF DEATH
 (a) County Cass Registration District No. 59
 (b) Township Big Creek Primary Registration District No. 4099-5a 18
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alexander Johnson Small
 (a) Residence, No. Cass Co. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Small
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1867
 7. AGE YEARS 79 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) one year
 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Kansas
 13. NAME James Small
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Belinda Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill, Mo.
 17. INFORMANT (ADDRESS) A. J. Small Jr. Pleasant Hill, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Pleasant Hill, Mo. 5-26-46
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen Brownfield Pleasant Hill, Mo.
 20. FILED 6-3 1946 Laura J. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1946
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 1945 to May 23, 1946
 I last saw him alive on May 23, 1946 Death is said to have occurred on the date stated above, at 11:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chc. Myocarditis and Hypertension
 Date of onset _____
 Other contributory causes of importance: Thrombosis from Stomach Ulcer
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. V. Murray, M. D.
 (Address) Pleasant Hill, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-9-19-38
1 X16603

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.....

24 Fri 5-23-46
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. *3785*
P. O. Address.....

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, above space should be left blank.