

FILED SEP 18 1946
Registration District No. 263

Primary Registration District No. 5898

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural - Big Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77
(c) City or town Lutie - rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. John H. Small

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Small 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 10 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name Robert F. Small 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy A. Wilderman
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Small
(b) Address Lutie Mcgovern

17. (a) Burial (b) Date thereof 9-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutie Cemetery

18. (a) Signature of funeral director Linkingheard Funeral
(b) Address Gainesville, Missouri

19. (a) 9-9-1946 (b) Mary H. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1946, to Sept 6, 1946, that I last saw him alive on Sept 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Coronary Block 12 hours

Other conditions 95A
(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? _____

23. Signature W. E. Pace (M. D. or other) _____
Address Gainesville, Mo Date signed 9-8-46

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

RECEIVED

District Health Officer No. 6,

District File Number 946-972

Date Filed SEP 16 1946

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 J. B. Hutcherson

Licensed Embalmer No. 3431

P. O. Address Yamouville, La.

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.