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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 968  
Registrar's No. 1143

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'Reilly Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 39  
(c) City or town Ash Grove,  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME SMALLHORST, David E.

3. (b) If veteran, name war WW One 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 Francis Smallhorst 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased 9 16 73  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Medical Doctor

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

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) Burial (b) Date thereof July 6, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director W. B. Birch

(b) Address Ash Grove Mo

19. (a) 1-4-49 (b) W.E. Handley 42d  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3  
year 1949 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-1-49  
\_\_\_\_\_, 19\_\_\_\_, to 1-3-49, 19\_\_\_\_;  
that I last saw him alive on 1-3-49  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Dilatation.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Coronary Occlusion.  
(Include pregnancy within 3 months of death)  
Nephrosclerosis.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 450, 0  
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 Paul L. Eisele means of injury \_\_\_\_\_

23. Signature PAUL L. EISELE, M. D. (M. D. or other) \_\_\_\_\_

Address VAH, Springfield, Mo. Date signed Jan 3, 49

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

MOTHER FATHER

APR 23 1951

SEP 27 1951

JAN 25 1949

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

*Richard E. Wath*

, Registered Apprentice No. *206*

working under my personal supervision.

Signed

*J. W. Birch*

Licensed Embalmer No. *3856*

P. O. Address *Ash Grove Me*

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.