

No. 2
4-41
17-39
X29484

FILED FEB 2 1944

Registration District No. _____

Primary Registration District No. 3046

State File No. _____

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Monterey
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Octavia A. Small

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race N 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name William Small
13. Birthplace West Virginia
14. Maiden name Susan Crum
15. Birthplace Monterey MO
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Longan

(b) Address California MO

17. (a) Burial (b) Date thereof 2/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem

18. (a) Signature of funeral director William J. Friedman

(b) Address California MO

19. (a) 2-2-44 (b) R. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Monkton
(c) City or town California
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Nov 23 1943 to Feb 2 1944
that I last saw her alive on Feb 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hypostatic) Duration 1 month

Due to Fracture right femur.
Due to accidental fall

Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations _____
Of autopsy none

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) accident, 1868
(b) Date of occurrence Fracture femur, Nov 22 1943
(c) Where did injury occur? new home, Monterey Co MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Home (Specify type of place) (e) Means of injury ○

23. Signature L. D. Latham (M. D. county)
Address California MO Date signed 2-2-44

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

1312

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.....

H. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.