

Registration District No. 230 Primary Registration District No. 5-313 Registrar's No.

1. PLACE OF DEATH: Crawford County, Missouri  
 (a) County  
 (b) City or town Rural Route.  
 (c) Name of hospital or institution: None. Kansasville  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution fifty years.  
 In this community fifty years.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Phelps,  
Rural Route  
 (c) City or town None.  
 (d) Street No. None.  
 (e) If foreign born, how long in U. S. A. ? 2 years.

3. (a) PRINT FULL NAME Margaret Smallwood.  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 12  
 year 1940 hour 9 PM minute  M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single.  
 7. Birth date of deceased September, 22nd, 1860  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1935 to 1935,  
 that I last saw h. alive on Dec 1935  
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 2 Days 10  
 If less than one day hr. min.

Immediate cause of death Cerebral Stenosis  
 Due to   
 Due to 131

9. Birthplace Cincinnati, Ohio.  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 9 months of death)  
 Major findings: Of operations  
 Of autopsy

10. Usual occupation None.  
 11. Industry or business None  
 12. Name Not Known.  
 13. Birthplace "  
 14. Maiden name Not Known.  
 15. Birthplace "

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Josie Smallwood  
 (b) Address P. James Missouri  
 17. (a) (Burial, cremation, or removal) Catholic Burial  
 (b) Date thereof (Month) (Day) (Year)  
 (c) Place: burial or cremation Texas & Roman  
 18. (a) Signature of funeral director P. James Missouri  
 (b) Address P. James Missouri  
 19. (a) (Date received local registrar) (b) (Registrar's signature)

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 C. H. Sulbright (M. D. or other) 1  
 Address P. James MO Date signed 11 23 40

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

RECEIVED

District Health Officer No. 5,

District File Number. 12401194

Date Filed -----

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 -----

*Harry Jonas*

Registered Apprentice No. 2628

working under my personal supervision.

Signed *Harry Jonas*

Licensed Embalmer No. 2628

P. O. Address Steelhead Ins

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.

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*BN*

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MATRON

# State Federal Soldiers' Home of Missouri

ST. JAMES

November, 12th, 1940.

Missouri State Board of Health.  
Department of Commerce,  
Jefferson City, Missouri.

Gentlemen:

I hereby certify that I attended the deceased Margaret Smallwood as per certificate attached in the year 1935, who at that time was suffering from Nephritis of the kidneys and senility at the time of her death she had no attending Physician and I had not seen her ~~at~~ (since) the time in 1935 and have no knowledge of any other attending Physician.

I presume that she died from Nephritis of the kidneys.

Yours most respectfully:

*C. H. Fulbright*  
St James, Missouri