

0. 2
13-40
7-39
X23150

FILED JAN 25 1941

Registration District No. 637

Primary Registration District No. 4388

State File No. _____

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Permisal

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 11 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John S. Smalley

3. (b) If veteran, name war None

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 Minnie Smalley

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 2, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	11	21	hr. _____ min.

9. Birthplace Jackson County, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER: FATHER:

12. Name unknown 9

13. Birthplace unknown 9
(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 Mrs Minnie Smalley

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 12/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La Barge and Co

(b) Address Caruthersville, Mo.

19. (a) Dec 30, 1940 (b) Oda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permisal

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. Juliet Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 31, 1940, to Dec. 23, 1940
that I last saw him alive on Dec. 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carrhosis, hepatic atrophic

Duration _____

Due to _____

Due to undetermined

Other conditions 124 P
(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? 585
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Caruthersville, Mo. Date signed 12-30-40

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

1-41-25

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.....

NOT EMBALMED

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.