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-17-39  
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 18059

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Home for the aged & infirm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 days  
(Specify whether  
In this community 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1036 West Walnut St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Robert Wood Small

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Mae Woodsmall

6. (c) Age of husband or wife if 41 years

7. Birth date of deceased Mar 2 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 2 26 hr. min.

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

10. Usual occupation Cement Finisher

11. Industry or business

12. Name Wm. Woodsmall

13. Birthplace Boone Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Susan V. Gibson

15. Birthplace Boone Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Parents, Jackson County Home

(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 5/31/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Loats & Speaks

(b) Address Independence, Mo.

19. (a) 6-2-41 (b) Sara S. Barne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5/5 1941, to 5/28 1941  
that I last saw him alive on 5/28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 4 wk

Due to arterial hypertension

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

Other conditions (include pregnancy within 3 months of death) g2w

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

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature JW Green (M. D. or other) \_\_\_\_\_

Address Independence Date signed 5/29/41

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

MOTHER FATHER

**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 me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Roland R. Speake*

Licensed Embalmer No. 3604

P. O. Address Independence

**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.**