S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11593

State File No.

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 523 East 13th St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 523 East 13th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Julia Louise Smallwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 June (Month) II (Day) 1941 (Year)

8. AGE: Years | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Sedalia Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James L Smallwood
13. Birthplace Sedalia Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Louise Bundy
15. Birthplace Sedalia Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant James L Bundy
(b) Address Sedalia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Missouri

19. (a) 3/27/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day March
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 25, 1942 to March 26, 1942;
that I last saw her alive on March 25, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	1 day.
Due to Influenza	2 days
Due to Malnutrition (Since birth)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy No.	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. W. B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo Date signed 3-27-42

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-10-42

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 R. E. Baker

Licensed Embalmer No. 2415

P. O. Address Sedalia

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.