

No. 2
5-17-39
X32873

25748

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 222

AUG 9 1943
Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 310 E JOHNSON
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis

(c) City or town 310 - E. Johnson
(If outside city or town limits, write "RURAL")

(d) Street No Sedalia Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE E. SMALLWOOD

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 6 year 1943 hour 10 minute PM M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 6 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 28 1943 to July 6 1943 that I last saw him alive on July 6 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

2 . 10 . _____ hr. _____ min.

Immediate cause of death: Whooping Cough 2 wks
Bacterial Pneumonia 3 days

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

Due to _____
Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: Of operations none

12. Name Clarence Smallwood

Of autopsy none

13. Birthplace Calloway County Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name Emma Jackson

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

16. (a) Informant Clarence Smallwood

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Address 310 E Johnson

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Sedalia (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) _____ (e) Means of injury _____

(c) Place: burial or cremation CROWN HILL

23. Signature M. W. Weathers (M. D. or other)

18. (a) Signature of funeral director J. R. ...

Address 118 1/2 W Main Sedalia Mo Date signed 7/8/43

(b) Address 400 W Cooper St

19. (a) 7/8/43 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

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

64

RECEIVED

District Health Officer No. 8

District File Number

8-6-42

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 *J. Hayes Alexander*

Licensed Embalmer No. *4542*

P. O. Address *5. Calia 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.