

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35560**

ED NOV 15 1943

Registration District No. **293**

Primary Registration District No. **4436**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **New London**
(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)
In this community **Lifetime** (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **EFFIE ARELIA SMALL**

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 **married**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **November 9 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 18
hr. min.

9. Birthplace **Ralls County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Thomas M. Winn**
13. Birthplace **X X 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Wright**
15. Birthplace **X X 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Arlie Thompkins**

(b) Address **New London, Mo.**

17. (a) **Burial** (b) Date thereof **9 / 30 / 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barkley cemetery**

18. (a) Signature of funeral director **O'Donnell Funeral Home**

(b) Address **New London, Mo.**

19. (a) **9-30-43** (b) **R. S. Berkley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **New London**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27**
year **1943** hour **8** minute **10 P** M.

21. I hereby certify that I attended the deceased from **March**
19 **43** to **Sept 27**, 19 **43**

that I last saw her alive on **Sept 27**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lungs** Duration **8 mos.**

Due to

Due to

Other conditions
(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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature **Eugene J. Sushon Jr.** (M.D. or other)
Address **New London, Mo.** Date signed **9/29/43**

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

RECEIVED

District Health Officer No. 10

Certificate No. 11-43-1819

Date Filed

NOV 12 1943

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

Michael J. O'Donnell

Licensed Embalmer No.

3246

P. O. Address

Summit St. N. W.

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.