

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43466

State File No. _____
Registrar's No. _____

FILED JAN 12 1944
Registration District No. 272

Primary Registration District No. 6001

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town SALINE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe City, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 days years, months or days

3. (a) PRINT FULL NAME Charley Ezzell Smallwood
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 SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER 5 - 1943 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Russell Smallwood
13. Birthplace Howard County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Alberta Hays
15. Birthplace Shelby County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Russell Smallwood
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof 11/18/43 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Johns Lutheran Church, Monroe, Mo

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Missouri
19. (a) 11-20-1943 (Date received local registrar) (b) Miss Carl Parkinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town Monroe City, Mo (If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, Mo (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from Nov 5 1943 to Nov 19 1943
that I last saw him alive on Nov 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: MALNUTRITION
Due to HARD LIP & CLEFT PALATE

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

Major findings: Of operations _____
Of autopsy _____
158

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) (a) Means of injury _____
23. Signature John H. Hays (M. D. or other) _____
Address Monroe City, Mo Date signed 11/19/43

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

RECEIVED

District Health Officer No. 10

District File Number 1-44-192

Date Filed JAN 12 1944

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 W. Embalming

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

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.