No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1944

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 43

State File No. 7755

Registrar's No. 63

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 904, Cal Fax (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 0

64
5
4

3. (a) PRINT FULL NAME Arthur ~~Smallwd~~ Smallwood.
3. (b) If veteran, name war ____
3. (c) Social Security No. 486-18-7513

4. Sex Male
5. Color or race ____
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Feb (Month) 2 (Day) 1880 (Year)

8. AGE: Years 64 Months ____ Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Labor
11. Industry or business ____
FATHER 12. Name Arthur J. Smallwood
FATHER 13. Birthplace ____ (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Peter Crim
MOTHER 15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr Howard Smallwood
(b) Address Macon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2. 8. 44 (Month) (Day) (Year)
(c) Place: burial or cremation River Side Cemetery
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.
19. (a) 2-9-44 (Date received local registrar) (b) R. P. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1944 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broken neck	
Due to accidently falling from while helping to move a gin pole, being	
Due to used to raise a steel girder at the Rubber Plant	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 186a
Of autopsy 31

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) Accident 119
(b) Date of occurrence February 6, 1944
(c) Where did injury occur? Rubber Plant, International (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial plant (Specify type of place)
While at work? Work (e) Means of injury Fall 3
23. Signature Wm. M. Smith (M. D. or other) Coroner
Address 902 Broadway Hannibal Date signed 2/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 Hannibal 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.

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M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MA

State File No. 7755

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arthur Smallwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 2 (Day) 1880 (Year)

8. AGE: Years 64 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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) Accident

(b) Date of occurrence February 6, 1944

(c) Where did injury occur? Hannibal Marion Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. M. Smith Coroner (M. D. or other)

Address 902 Broadway Hannibal Mo Date signed 3/17/44

SUPPLEMENTARY

7755