S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17330

State File No.

Registration District No. 11

Primary Registration District No. 5042

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Liberty 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 1
(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 Barry 5

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Exeter, Mo. R#1 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clara May Smallwood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife D. F. Smallwood

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February (Month) 1 (Day) 1866 (Year)

8. AGE: Years 78 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Natt Jerrie

13. Birthplace Not Known 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Not Known

15. Birthplace Not Known 0 (City, town, or county) (State or foreign country)

16. (a) Informant D. F. Smallwood

(b) Address Exeter, Missouri R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Exeter, Mo.

18. (a) Signature of funeral director Wm Morris Pogue

(b) Address Wheaton, Mo.

19. (a) Apr 29-1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from April 21, 1944, to April 27, 1944, that I last saw h. alive on April 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Hemorrhage	7 days
Due to Hypertension	6 mo
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John P Ellison (M. D. or other) DO

Address Wheaton Mo Date signed Apr 28 44

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-628
Date Filed MAY 24 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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Wm Morris Coyne

Licensed Embalmer No. 3442

P. O. Address Wheatland, 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, above space should be left blank.