

7. S. No. 2
00M-543
Rev. 5-17-39
I X36671

FILED AUG 18 1945

Registration District No. _____

Primary Registration District No. 5101

State File No. _____

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution:
at home 1 Alexander Jung

(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton

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

(d) Street No. 12 mi N.E. of Fairfield
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Riley Smallwood

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Martha Smallwood

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov 14 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>3</u>	hr. _____ min.

9. Birthplace Benton Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ON FARM

12. Name John Smallwood

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

14. Maiden name Susan Carr

15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Smallwood

(b) Address Leoniun mo rural

17. (a) rural (b) Date thereof 6-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director Reser Funerals Home

(b) Address Warsaw, MO

19. (a) July 13, 1945 (b) Gas A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 9 AM minute _____ M.

21. I hereby certify that I attended the deceased from never, 19____, to never, 19____;
that I last saw him live on never, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart apparently
Coronary Infarct

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 9/4

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 W. Reser (Carson) M. D. or other _____
Address 101 E. Campbell Date signed 9-6-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

65

RECEIVED
District Health Officer No. 73
District File Number 7-45-844
Date Filed 8-14-45

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 Paul Richard Brown
Licensed Embalmer No. 4324
P. O. Address Warsaw, 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.