S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16181

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 2

46
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Rural West Plains, Mo.
(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 4 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Rural, West Plains, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Edward Smallwood
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Nancy G. Smallwood
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 8, 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	6	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Smallwood /
13. Birthplace Kentucjy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabella Rackley
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)
16. (a) Informant Nancy G. Smallwood
(b) Address West Plains, Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof 4/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Little Zion
18. (a) Signature of funeral director Robertson's
(b) Address West Plans, Mo.
19. (a) May 11-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to April 14, 1948
that I last saw h dead on arrival alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	few hours
Due to Myocardial Insufficiency	not known
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 4	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 2
While at work (e) Means of injury
23. Signature Kragel D. Bailey (M. D. or other) DO
Address West Plains, Mo. Date signed 4/30/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 548352
Date Filed 5-27-48

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 Robert J. Wrage, Registered Apprentice No. 432, working under my personal supervision.

Signed D D Roberts

Licensed Embalmer No. 3432

P. O. Address Mexico, 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.