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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36884

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4453

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 625 Fuller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 625 Fuller
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SMALLWOOD, Mrs. Los V
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold Smallwood
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 9/8/1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	1	22	hr. min.

9. Birthplace Hannibal, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
MOTHER FATHER
12. Name Onan R. Beck
13. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Florence Rouse
15. Birthplace Hannibal, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Harold Smallwood
(b) Address 625 Fuller
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 11-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1948 hour 10 minute 20 +P 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 Bi Chloride of Mercury
Due to Poisoning
Due to Sodium Fluride
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations
Of autopsy See Above

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) Suicide
(b) Date of occurrence 10/30/48
(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Poison
23. Signature A. E. Upsher (M. D. or Coroner)
Address 2801 Main Date signed 10/31/48

A. ~~E. Upsher~~

(Licensed Embalmer's Statement on Reverse Side)

Made

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 John P Shul

Licensed Embalmer No. 3426

P. O. Address K C 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.