

FILED DEC 30 1948

State File No. _____

Registration District No. 108

Primary Registration District No. 4179

Registrar's No. 30

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

5-40

1. PLACE OF DEATH: Dunklin

(a) County Dunklin

(b) City or town Senath Salem
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 354

(c) City or town Senath 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chyle Smallwood

3. (b) If veteran, name war N

3. (c) Social Security No. None

4. Sex M 0 5. Color or race W 2

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Sept. 21, 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Fayette Co., Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Unknown 4

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

14. Maiden name Unknown 4

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

16. (a) Informant Mrs. Mae Biggs

(b) Address Ft. Worth, Texas

17. (a) Burial (b) Date thereof Oct. 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Senath, Missouri

19. (a) 12-15-48 (b) Mrs. J. N. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1948 hour 3:15 minute A.M.

21. I hereby certify that I attended the deceased from March 2, 1947 to Sept. 20, 1948
that I last saw him alive on Sept. 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 1210

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Senath, Mo Date signed 10-16-48

RECORDED
Health Office No. 2
District File Number 1248-1716
Date Filed 12-27-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. J. Murphy*.....
Licensed Embalmer No. 4466.....
P. O. Address Smith, 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.