

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26115

State File No.

977

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>30 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>205 S. 18th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 S. 18th Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Smallwood</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 5, 1956.</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>September 16, 1910</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Air-plane Factory</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. James, Missouri.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>George Washington Smallwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Willa Ruth Goggans</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mildred Lucerne Smallwood</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Yes</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Willa Ruth Smallwood St. Joseph, Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>345x</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from 5-12, 1956, to 9-5, 1956, that I last saw the deceased alive on 9-4, 1956 and that death occurred at 11:50A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D.</u> | | 23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u> | | 23c. DATE SIGNED <u>9-6-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 8, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> | |

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| DATE REC'D BY LOCAL REG. <u>Sept 10, 1956</u> | REGISTRAR'S SIGNATURE <u>Leather M. Allison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Hoffer - Scherman St. Joseph, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

485

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert P. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.