

No. 2  
-10-39  
17-39  
X21492

SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29354

Registration District No. 678

Primary Registration District No. 5704

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town St James  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 5 4 3  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James Rural  
(If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME

Jake C Smallwood

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race white  
6. (b) Name of husband or wife Emma Smallwood  
7. Birth date of deceased 2-17-1862  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1940 hour 7 minute 15 P.M.  
21. I hereby certify that I attended the deceased from July 10 1940 to July 15 1940 that I last saw him alive on July 9 and that death occurred on the date and hour stated above. Immediate cause of death Diabetes

8. AGE: Years 78 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Cincinnati, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Geo Smallwood  
13. Birthplace Germany  
14. Maiden name Paula Smallwood  
15. Birthplace Germany

16. (a) Informant Bertha Summer  
(b) Address St James Mo

17. (a) Burial (b) Date thereof 7-13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director W. K. Richter  
(b) Address St James Mo

19. (a) Aug-15-40 (b) Elsie B. Smith  
(Date received local registrar) (Registrar's signature)

Due to 54  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy 770

Duration  
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)  
(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?  
23. Signature (Specify type of place) While at work? Means of injury  
Address St James Mo Date signed July 17 1940

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

RECEIVED

District Health Officer No. 5,

District File Number 940933

Date Filed \_\_\_\_\_

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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 W E Lockler

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.