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FILED SEP 2 1941

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

27927

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 227

1. PLACE OF DEATH: *Callaway*

(a) County _____

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

(c) Name of hospital or institution: *Rural Fulton 1 1/2 mi North of Fulton*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Callaway*

(c) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. *2 miles North of Fulton*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: *Edward Smallwood*

3. (b) If veteran, name war _____

3. (c) Social Security No. *None*

4. Sex: *Male*

5. Color or race: *Negro*

6. (a) Single, widowed, divorced, or *Widowed*

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: _____ (Month) _____ (Day) *1864* (Year)

8. AGE: Years *77* Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: *Missouri* (City, town, or county) _____ (State or foreign country)

10. Usual occupation: *Retired Farmer*

11. Industry or business _____

12. Name: *A.K.*

13. Birthplace: *A.K.* (City, town, or county) _____ (State or foreign country)

14. Maiden name: *A.K.*

15. Birthplace: *A.K.* (City, town, or county) _____ (State or foreign country)

16. (a) Informant: *Susie Smallwood*

(b) Address: *Fulton Mo Route 2*

17. (a) *Burial* (b) Date thereof: *Aug 15-41*
(Specify place of burial or cremation) (Month) (Day) (Year)

(c) Place: *Old Richland Cemetery*

18. (a) Signature of funeral director: *Eli Bell*

(b) Address: *Fulton Mo.*

19. (a) *8 23 41* (b) *R. J. Cress*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month *Aug* day *22* year *1941* hour *5* minute *45 P.*

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on *August 22nd*, 1941; and that death occurred on the day and hour stated above.

Immediate cause of death: *old age, and a heart attack.*
Death from natural causes.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) *1620*

PHYSICIAN

Major findings: Of operations Of autopsy *no*

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) *no*

(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: *A. W. Holman, Coroner* (Specify type of place) _____ (e) Means of injury _____

Address: *8-F-5th St. Fulton Mo.* (Designated 8/23/41)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

way County Mo.

SEP 9 1944

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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.