S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 13 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32963

FILED NOV 13 1942

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4075

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: St. Mary's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-1-42-11-2-42 (Specify whether
In this community 9-1-42- 11-2-42
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Crawford 14

(c) City or town Pittsburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. 208 E. 15th
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Lee Smallwood

3. (b) If veteran, name war unknown

3. (c) Social Security No. 702-42-1656

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Juanita

6. (c) Age of husband or wife if alive 1883 years

7. Birth date of deceased Nov. (Month) 10 (Day) 1883 (Year)

8. AGE: Years 58 | Months 11 | Days ~~23~~ 22 | If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Engineer

11. Industry or business K.C.Southern Ry.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant St. Mary's Hospital
(b) Address 2800 Main K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Eads Bros. Funeral Home
(b) Address 1416 Minn Ave. K.C.K.

19. (a) 11-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1942 hour 6:50 minute p M.

21. I hereby certify that I attended the deceased from 9-1-, 1942 to 11-2, 1942
that I last saw him alive on 11-2-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Splenomyeloid Leukemia

Due to

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Splenomyeloid Leukemia

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) 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?
(Specify type of place)
While at work? ✓ (e) Means of injury 0

23. Signature W. Miller (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 194

JAN 29 1943

NOV 24 1942

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 Orville H. Berkwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kans.

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.