

S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36671

FILED SEP 10 1945

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

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

(c) Name of hospital or institution: ST. JAMES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 1/2 MONTHS
(Specify whether years, months or days)

In this community 7 1/2 MONTHS

3. (a) PRINT FULL NAME MRS. SARAH L. SMALL

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. JOSEPH BENJAMIN SMALL

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

7. Birth date of deceased FEBRUARY 3 - 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 24
If less than one day hr. min.

9. Birthplace PATTONVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name ME. ROWAN

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. M. Griffey

(b) Address 6212 Morningfield Drive

17. (a) BURIAL (b) Date thereof 8-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH TEMPLE

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-29-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES 7

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

(d) Street No. 506 NORTH WATER 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 27TH
 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 1945 to Aug 27 1945
 that I last saw her alive on Aug 27 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatous, general intestinal obstruction
 Due to Ovarian carcinoma

Due to _____

Other conditions: 49 a
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Ovarian cancer
 Intestinal obstruction
 Of autopsy: W

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature W. Blainey (M. D. or other) M.D.
 Address _____ Date signed 8-28-45

Professional Body

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.....

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.