7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27940
State File No.

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3565

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: 5900 CHERRY STREET
(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)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5900 CHERRY STREET
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LYNN HAMILTON SMALLWOOD
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BESSIE SMALLWOOD
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JANUARY (Month) 23 (Day) 1886 (Year)

8. AGE: Years 61 Months 6 Days 25 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation GROCER
11. Industry or business
MOTHER FATHER
12. Name MARCUS O. SMALLWOOD
13. Birthplace WELDON (City, town, or county) NORTH CAROLINA (State or foreign country)
14. Maiden name AMANDA STEWART
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant MRS. BESSIE SMALLWOOD
(b) Address 5900 CHERRY ST., K.C., MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D.W. NEWCOMER SONS
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18 year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 1, 1946 to August 18, 1947 that I last saw him alive on August 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1 day
Due to: Arteriosclerosis	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John K. Caldwell (M. D. or other) MD
Address 1016 Argyle K.C. Mo. Date signed 8/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Doran

Licensed Embalmer No. 4250

P. O. Address K.C. 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.