S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 41467

Registrar's No. 1074

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months 15 days (Specify whether
In this community 6 months 15 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County New York

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas J. SMALLS 6246-H

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 23 (Day) 1922 (Year)

8. AGE: Years 25 Months 2 Days 18 If less than one day hr. min.

9. Birthplace New York, (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation Newspaper Vender

11. Industry or business

FATHER
12. Name Thomas Smalls
13. Birthplace ? (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Sarah Smalls
15. Birthplace ? (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New York, N.Y.

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 12/12/47 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1947 hour 2 minute 05 A.M.

21. I hereby certify that the medical staff attended the deceased from May 26, 1947, to December 11 1947; that they last saw him alive on December 11 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of the lung, far advanced.	9 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 E W Morehead (M. D. XXXX)

Address Medical Center Fed. Pris. Springfield, Missouri Date signed 12-12-47

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.