

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **40**

Primary Registration District No. **5553/34235** Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Lee's Summit, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lee's Summit, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X** (Specify whether
In this community **Unknown** years, months or days)

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. **210 East 79th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No.** years.

3. (a) PRINT FULL NAME **Thomas Theodore Smoot, 530**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **A87-07-6023**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **January 11, 1917**
(Month) (Day) (Year)

8. AGE: Years **23** Months **5** Days **5** If less than one day **hr. min.**

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

10. Usual occupation **Unknown**

11. Industry or business **X**

12. Name **Guy Smoot**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Dora Caryle**

16. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Roy Miller**

(b) Address **210 East 79th St., K. C., Mo.**

17. (a) **Burial** (b) Date thereof **6-19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Stine & McClure, 937**

(b) Address **3235 Gillham Place, K. C., Mo.**

19. (a) **6-18-40** (b) **Dora S. Barnum**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** Day **16-46**
year hour minute **9:30 P.M.**

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw him alive on the date and hour stated above.

Immediate cause of death **Fracture of the Skull**

Due to Fracture of the Skull

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) **Accident**

(b) Date of occurrence **6-10-46**

(c) Where did injury occur? **Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Bell Hwy & M.P. R.R. Track
(Specify type of place) (e) Means of injury

23. Signature **Russell W. J...** (M. D. or other) **5**

Address **...** Date signed

Duration

PHYSICIAN

206A
2/2

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address 1115 Summit Ave

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, above space should be left blank.