

DEC 17 1940  
Registration District No. 548.

Primary Registration District No. 4823.

State File No. \_\_\_\_\_

Registrar's No. 55.

1. PLACE OF DEATH Marion  
(a) County Palmyra  
(b) City or town Palmyra  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 47 years (Specify whether years, months or days) 2

3. (a) PRINT FULLNAME Mercy William Smoot  
3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 20 years 1888  
7. Birth date of deceased Sept. (Month) 20 (Day) 1888 (Year)

8. AGE: Years 59 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Palmyra Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Brick Mason

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Phillip Samuel Smoot  
13. Birthplace Palmyra Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Bell  
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Joe Smoot  
(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof Nov. 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brown  
(b) Address Palmyra, Mo.

19. (a) Nov. 26-1940 (b) Gertrude Lee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion  
(c) City or town Palmyra, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1940 hour 9. minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death suicide  
Due to by shooting self with No. 12 pump shotgun in left side.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? Marion Mo. (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 gun

23. Signature James O'Donnell (M.D. or other) \_\_\_\_\_  
Address Palmyra, Mo. Date signed 11-24-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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, ~~EM~~ by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed:.....

*George L. Law*

Licensed Embalmer No. 2382

P. O. Address..... ralmyra, 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.**