S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1947

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26645

Primary Registration District No. 3000

Registrar's No. 222

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town KIRKSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NURSING HOME #1 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SCOTLAND 99
(c) City or town MEMPHIS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DOWNING SMOOT JR.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 21 (Day) 1874 (Year)
8. AGE: Years 72 Months 11 Days 23 If less than one day hr. min.
9. Birthplace MEMPHIS (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation PHYSICIAN
11. Industry or business
FATHER
12. Name JOHN D. SMOOT
13. Birthplace SCHUYLER Co. (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name ANNIE D. EWING
15. Birthplace PENDELTON Co. (City, town, or county) KY 1 (State or foreign country)
16. (a) Informant J. B. Smoot
(b) Address MEMPHIS Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 15, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MEMPHIS CEMETERY
18. (a) Signature of funeral director W. Waynes Sons
(b) Address Memphis, Mo.
19. (a) 8-16-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 ~~12:35~~
year 1947 hour 12:35 minute 6 M.
21. I hereby certify that I attended the deceased from Feb 6, 1947, to August 14, 1947;
that I last saw him alive on Aug 13, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Vasomotor collapse	24 hrs
Left ventricular failure	3 days
Due to hypertensive heart disease	years
Due to arteriosclerosis	years
Other conditions pernicious type anemia (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature M. T. Gatensohn [redacted] or other) 80
Address Kirksville, Mo Date signed ~~8-12-47~~ 8-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-1096
Date Filed AUG 25 1947

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.