S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36946

FILED DEC 3 1947

Registration District No. .....

Primary Registration District No. 3000

Registrar's No. 319

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: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks and (Specify whether)
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No).
If yes, name country 1

3. (a) PRINT FULL NAME Laura Alice Smoot
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Warren Smoot
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec (Month) 9 (Day) 1880 (Year)

8. AGE: Years 67 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Callao (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
FATHER
12. Name Elza Perkins
13. Birthplace Callao (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Elizabeth Vestel
15. Birthplace Callao (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Velma Duffy
(b) Address Marceline Mo
17. (a) Mt Olivet (Burial, cremation, or removal) (b) Date thereof Nov. 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo
19. (a) 11-28-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 4 minute 15 P M.
21. I hereby certify that I attended the deceased from Oct 4, 1947 to Nov 26, 1947
that I last saw him alive on Nov 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	weeks
Due to Senile psychosis	months
Due to Thrombotic encephalomalacia	years
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations .....
Of autopsy 83C

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 M.T. Gutensohn (M.D.) or other D.O.
Address Kirksville, Mo. Date signed 11-26-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-64
DEC - 2 1947
Date Filed

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 Ribburn Keith Tillotson, Registered Apprentice No. 438, working under my personal supervision.

Signed Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.