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1-9-43
3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11196

State File No.

FILED APR 8 1948

Registrar's No. 326

Registration District No. 2210

Primary Registration District No. 11122

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

1. PLACE OF DEATH:

(a) County SCOTLAND

(b) City or town MEMPHIS Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 67 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SCOTLAND

(c) City or town MEMPHIS
(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 HOPSON V SMOOT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1947, to Jan 6, 1948
that I last saw him alive on Dec Jan 6, 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife CINA M. SMOOT

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased FEB (Month) 14 (Day) 1880 (Year)

Immediate cause of death Coronary thrombosis

Due to Coronary artery disease

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 67 Months 10 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation ATTORNEY

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? _____ (Specify type of place)

(e) Means of injury 0

MOTHER FATHER

11. Industry or business _____

12. Name JOHN D SMOOT

13. Birthplace SCUYLER Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name ANNIE D. EWING

15. Birthplace PENDELTON Co. KY
(City, town, or county) (State or foreign country)

16. (a) Informant John B Smoot

(b) Address MEMPHIS Mo

17. (a) BURIAL (b) Date thereof 1-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMPHIS CEMETERY

18. (a) Signature of funeral director N Wayne Stone

(b) Address MEMPHIS Mo

19. (a) 117 1/2 (b) MOE E Barnett
(Date received by local registrar) (Registrar's signature)

23. Signature E. E. Hillman (M. D. or other) MD

Address Memphis, Mo. Date signed 1/15/48

RECEIVED
District Health Officer No. 10
District File Number 4-48-641
Date Filed APR -7 1948

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, 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.