

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MARION 2

(c) City or town PALMYRA
(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 ROBERT LEE SMOOT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 7TH
year 1942 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan
1942 to Dec 7, 1942
that I last saw him in alive on Dec 6, 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CORNELIA MENGE (SMOOT) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 15TH 1863
(Month) (Day) (Year)

Immediate cause of death
Auricular fibellation
Chronic Glomerular nephritis + Hypertension
+ uremia

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

79 2 22 _____ hr. _____ min.

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

10. Usual occupation BLACKSMITH

11. Industry or business BLACKSMITH

12. Name THOMAS P. SMOOT

13. Birthplace FAUQUIER Co. VA.
(City, town, or county) (State or foreign country)

14. Maiden name SARAH SCHULTZ

15. Birthplace VA.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CORNELIA SMOOT

(b) Address PALMYRA Mo.

17. (a) BURIAL (b) Date thereof 12-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PALMYRA Mo.

18. (a) Signature of funeral director E. J. Sprague

(b) Address Palmyra Mo.

19. (a) 12/13/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? [Signature] (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Palmyra Mo. Date signed 12/14/42

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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.