

S. No. 2
1-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18344**
Registrar's No. **51**

Registration District No. **82949**

Primary Registration District No. **3041**

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(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)

In this community..... (Specify whether)

years, months or days)

3. (a) PRINT FULL NAME KENNETH C. Smoot

3. (b) If veteran, name war ✓

3. (c) Social Security No.....

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. July 10 1943
(Month) (Day) (Year)

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

0 10 9 0 hr. 0 min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Cloyd P. Smoot

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

14. Maiden name Helena Peters

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

16. (a) Informant Cloyd P. Smoot

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Cem, Macon Mo.

18. (a) Signature of funeral director Stephens & Sadding

(b) Address Macon, Mo.

19. (a) 5/27/43 (b) Jocelyn B. Hunkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon ⁶¹

(c) City or town Macon ³
(If outside city or town limits, write "RURAL") ²

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19th
year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 17th
1943, to time of death, 1943
that I last saw him alive on May 17th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive apoplexy

Due to Megalis plus ^{2 days}
Strophulata solitica

Due to.....

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

Major findings: 35

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?.....

While at work?..... (Specify type of place)

23. Signature Dr. Cloyd Carroll (M. D. or other) ²⁷⁰
Address Macon, Mo. Date signed 5/29/43

RECEIVED

District Health Officer No. 10

District File Number 6-43-974

Date Filed JUN 7 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{partially} embalmed by me, or by

Registered Apprentice No. _____

working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.