

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3231 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) 2 years

3. (a) PRINT FULL NAME John R. Smoot

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased January 15 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 29 If less than one day 30 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Thomas A. Smoot

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Davis

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

16. (a) Informant Miss Lucy Smoot

(b) Address 4011 Baltimore, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-15-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 Baltimore
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1943 hour 11:30 minute a. M.

21. I hereby certify that I attended the deceased from March
1938 to July 13
that I last saw him alive on July 13
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal
General anasarca

Due to Bronchiectasis - asthma

Due to Prostatic hypertrophy - moderate

Other conditions Tumor ascending colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (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) (e) Means of injury

23. Signature R. F. Pittam M.D. (M. D. or other)
Address 830 Professional Bldg Date signed 7/15/43

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

MOTHER FATHER

Duration
3 months
10 yrs.
?
4 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Radford Pittum

Prof. Pittum
NR-7112

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.....

J. Alan Sapp
Licensed Embalmer No.
P. O. Address.....

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.