

No. 2  
-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27273  
Registrar's No. 21

**FILED SEP 12 1947**  
Registration District No. 157

Primary Registration District No. 4180

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell  
(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 Claudine Smoot

3. (b) If veteran, name war.....

3. (c) Social Security No.                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1947 hour                      minute 5:45 P.M.

21. I hereby certify that I attended the deceased from Nov. 5 1947 to Aug 17 1947  
that I last saw her alive on Aug 17 1947  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife S. C. Smoot 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: May 10 1877  
(Month) (Day) (Year)

Immediate cause of death C.N.S. Syphilis

Duration 3 yrs +

8. AGE: Years 70 Months 3 Days 8 If less than one day  
.....hr. ....min.

Due to.....

Due to.....

Other conditions Cardiac Failure  
(Include pregnancy within 3 months of death)

Duration 3 days

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

10. Usual occupation Housewife

PHYSICIAN

Major findings:                     

Of operations                     

Of autopsy                     

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name Jamies Blank Bryton

13. Birthplace Montgomery County Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary B. Jackson

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

16. (a) Informant J. C. Smoot

(b) Address Campbell, Missouri

17. (a) Burial (b) Date thereof Aug 19 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

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.....

18. (a) Signature of funeral director Landreth Funeral Home

(b) Address Campbell, Missouri

19. (a) 9/1/1947 (b) Mrs. Dulah Campbell  
(Date received local registrar) (Registrar's signature)

23. Signature Wallace Seloy (M. D. or other) MD

Address Campbell Mo. Date signed 8/23/47

RECEIVED

District Health Office No. 2,

District File Number 949-1211

Date Filed 9-11-52

OCT 10 1952

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

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.