

**FILED** JAN 8 1946

Registration District No. **1**

Primary Registration District No. **533-7**

Registrar's No. **30**

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

**1. PLACE OF DEATH:**

(a) County **Howell**

(b) City or town **"Rural" Sisson Twp.**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **No.**  
(Specify whether years, months or days)

In this community **10 months.**

**3. (a) PRINT FULL NAME** **JACOB P. SMITH**

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

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

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Sarah Smith Smith.**

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

7. Birth date of deceased **August 1855**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **4** Days **---** If less than one day **hr. min.**

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

10. Usual occupation **None**

11. Industry or business **---**

MOTHER FATHER {

12. Name **Jacob Smith**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mr. M. M. Smith.**

(b) Address **Pomona, Mo., Rt. 1**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **Dec. 12, 1945**  
(Month) (Day) (Year)

**Lost Camp Cem. Hutton Valley Twp. Howell**  
(c) Place: burial or cremation

18. (a) Signature of funeral director **Hal Thompson**

(b) Address **West Plains, Mo.**

19. (a) **12-29-45** (b) **Laura Mitchell**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Howell** **46**

(c) City or town **"Rural"** **7**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Pomona, Mo. Rt. 1** **9**  
(If rural, give location)

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

If yes, name country **---**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **9,** year **1945** hour **7:** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec. 5** 19**45** to **---** 19**45**; that I last saw him alive on **Dec 5** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **General senility** Duration **---**

Due to **---**

Due to **---**

Other conditions **---**  
(Include pregnancy within 3 months of death)

Major findings: **162 lb**

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? **---**

**---**  
(Specify type of place) (e) Means of injury

While at work? **---**

23. Signature **J. A. Belt M.D.** (M. D. or other) **P.**

Address **Pomona, Mo.** Date signed **12-9-45**

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**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 *Hal Thomburg* .....

Licensed Embalmer No. *3408* .....

P. O. Address *West Plains, 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.**