

S. No. 2
DM-5-43
v. 5-17-39
X 36671

FILED AUG 12 1946

Registration District No. **241**

Primary Registration District No. **5829**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County: **New Madrid**

(b) City or town: **Rural - Portageville Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **10**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days - 7 months** (Specify whether years, months or days)

In this community **11 days - 7 months**

3. (a) PRINT FULL NAME **Nathan Oscar 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 **Married**

6. (c) Age of husband or wife if alive **50 years**

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

7. Birth date of deceased **Aug. 14 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	7	

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

10. Usual occupation **Farmer**

11. Industry or business **St. A. Smith**

12. Name **St. A. Smith**

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

14. Maiden name **John Smith**

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

16. (a) Informant **Mary Lee Smith**

(b) Address **Portageville Mo**

17. (a) Burial **Portageville, Mo**
(Burial, cremation, or removal) (City or town) (County) (State)

(b) Date thereof **July 23 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Portageville, Mo**

18. (a) Signature of funeral director **Mary Lee Smith**

(b) Address **Portageville Mo**

19. (a) Jan-46 **(b) Ellen DeLuka**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **New Madrid**

(c) City or town: **Rural - Portageville Mo**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1946** - hour **One** minute **10** P. M.

21. I hereby certify that I attended the deceased from **July 14**
1946, to **July 21** **1946**;
that I last saw him alive on **July 14** **1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **CORONARY THROMBOSIS** - Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: **942**

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)

(c) Means of injury: _____

23. Signature **Sharon H. Carter** (M. D. or other) **M.D.**

Address **Portageville, Mo** **Date signed** **7-22-46**

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

MOTHER FATHER

279

RECEIVED

District Health Office No. 2,

District File Number 846-962

Date Filed 8-9-46

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Silbourn, Missouri

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.