

National Office of Vital Statistics  
**FILED JAN 3 1949**  
Registration District No. **2949**

Primary Registration District No. **3025**  
Registrar's No. **66**

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

46

1. PLACE OF DEATH:

(a) County **HOWELL**

(b) City or town **WEST PLAINS, Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **CHRISTIA HOGAN HOSPITAL**  
(If not in hospital or institution, write street number or location) **6 hrs.**

(d) Length of stay: In hospital or institution **6 hrs.** (Specify whether years, months or days)

In this community **2 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOWELL**

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

(d) Street No. **NONE** (If rural, give location)

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

3. (a) PRINT FULL NAME **ELTA CLIFTON SMITH**

3. (b) If veteran, name war **NO**

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife **ELSIE C. SMITH**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **OCT 1 1887**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>60</b>	<b>11</b>	<b>3</b>	hr. min.

9. Birthplace **BIRMINGHAM Ky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **JOSEPH SMITH**

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

14. Maiden name **MARTHA WALTON**

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

16. (a) Informant **MRS. ELSIE SMITH**

(b) Address **POMONA Mo**

17. (a) BURIAL (b) Date thereof **9-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT ZION**

18. (a) Signature of funeral director **ROBERTSONS**

(b) Address **WEST PLAINS, Mo**

19. (a) **Dec 21 - 48** (b) **Beatrice Cook**  
(Date received local registrar) (Registrar's signature) **379**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **4** year **1948** hour **6** minute **25** P. M.

21. I hereby certify that I attended the deceased from **6-12-1943** to **8-4-48** and that death occurred on the date and hour stated above.

that I last saw him alive on **9-7-48**

Immediate cause of death **Coronary Thrombosis** Duration **4 hrs.**

Due to **arteriosclerosis of Coronary arteries** Duration **5 yrs.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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)

While at work? (Specify type of place) (e) Means of injury

23. Signature **W. Callahan** (M. D. or other) **9-9-48**  
Address **West Plains, Mo** Date signed

RECEIVED 12-27-48  
District Health Officer No. 5,  
District File Number 1248808  
Date Filed 12-28-48

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

*Robert J. Drago*

Licensed Embalmer No. *74547*

P. O. Address *West Springfield, Ma*

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.