

7. S. No. 2  
00M-5-43  
ev. 5-17-39  
I X36671

**FILED DEC 12 1945**

Registration District No. **2** Primary Registration District No. **4328** Registrar's No. **82**

700  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **Mississippi**  
 (b) City or town **Bertrand (rural) Long Plain**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **R#1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **All of Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Infant Smotherman**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**  
 6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **October 27th 1945**  
 (Month) (Day) (Year)

| 8. AGE: | Years    | Months   | Days     | If less than one day |
|---------|----------|----------|----------|----------------------|
|         | <b>0</b> | <b>0</b> | <b>0</b> | <b>1 hr. 0 min.</b>  |

9. Birthplace **Bertrand Mo**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name **Elmer F. Smotherman**  
 13. Birthplace **Oregon Co. Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Lura Todd**  
 15. Birthplace **Bocohuntas Ark.**  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant **Elmer Smotherman**  
 (b) Address **R#1 Bertrand, Mo.**  
 17. (a) **Burial** (b) Date thereof **10-28-45**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Grove, Charleston Mo.**  
 18. (a) Signature of funeral director **John Bondurant**  
 (b) Address \_\_\_\_\_  
 19. (a) **4/13/45** (b) **Mrs. John Bondurant**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Miss. 67**  
 (c) City or town **Bertrand (rural)**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R#1** (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **None**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **October** day **27th**  
 year **1945** hour **6** minute **15p** M.  
 21. I hereby certify that I attended the deceased from **5:15**  
**to 6:15 PM Oct 27-45** 19\_\_\_\_  
 that I last saw him alive on **Oct 27** 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **PREMATURE BIRTH**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**159**

**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) (e) Means of injury \_\_\_\_\_  
 23. Signature **G.P. Fenton** (D.D. or other) **2**  
 Address **Wyatt Mo** Date signed **1-1-45**

RECEIVED

District Health Office No. 2,

District File Number 1245-3352

Date Filed 12/6/45

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.....

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.**

*Body not Embalmed*