

FILED JUN 8 1944

Registration District No. 270

Primary Registration District No. 3050

State File No. \_\_\_\_\_

Registrar's No. 50

78  
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2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 11 Mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 E. 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Allen Bennett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lizzie Bennett (c) Age of husband or wife if alive deceased

7. Birth date of deceased July 8, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 26 hr. min.

9. Birthplace Concordia, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name J.C. Bennett  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Farr  
15. Birthplace Union Star, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Bennett  
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 5-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. Forge  
(b) Address Caruthersville, Mo.

19. (a) 5-10-1944 (b) Jessie N. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4,  
year 1944 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 2, 1944 to May 4, 1944; that I last saw him alive on May 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 948  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature G. W. Phillips (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 5/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-44-128

**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 James Kelley  
Licensed Embalmer No. 3788  
P. O. Address Hayth 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.**