

FILED JUL 10 1944

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville - Little Prairie
(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 All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Gary Winford Bennett

3. (b) If veteran, name war Infant 3. (c) Social Security No. Infant

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive Infant years
7. Birth date of deceased November 19, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 10 hr. min.

9. Birthplace Caruthersville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER { 12. Name Winford Melvin Bennett
13. Birthplace Aimes, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cretha Wyatt
15. Birthplace Frisco, Mo.
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 5-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

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

19. (a) 6-7-1944 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28,
year 1944 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from
May 27, 1944 to May 28, 1944
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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?

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

23. Signature J. B. Luten (M. D. or other)
Address Caruthersville, Mo. Date signed 6-6-44

6-44-145

STATEMENT BY LICENSED EMBALMER

Ray

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.

Ray

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.