

FILED SEP 10 1944

Registration District No. 210

Primary Registration District No. 3050

Registrar's No. 94

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:  
408 East 11th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
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. 408 East 11th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ben Peoples

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

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 7 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Tom Peoples

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

14. Maiden name Do Not Know

15. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Org Lee Moore

(b) Address 408 East 11th Street

17. (a) Burial (b) Date thereof 9-3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 9-4-1944 (b) Jessie N. Markley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th  
year 1944 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug. 29, 1944, to Aug. 30, 1944  
that I last saw him alive on Aug. 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease Duration 4 yrs.

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

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

Other conditions (Include pregnancy within 3 months of death) 92d

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? \_\_\_\_\_

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

23. Signature J. R. Linton (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 8-30-44

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

78  
1  
2

8-44-198

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.....

*Elvin C. Lacy*

Registered Apprentice No. *368*

working under my personal supervision.

Signed *Walter A. Hinkley*

Licensed Embalmer No. *2002*

P. O. Address *Kennett me*

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.