V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10204

FILED MAR 31 1947

Registration District No. 70 — Primary Registration District No. 3050 — Registrar's No. 20

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: 608 W. 6th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 14 Years

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.: 608 W. 6th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Susie Catherine Benton
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: A. T. Benton
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: August (Month) 13 (Day) 1889 (Year)
8. AGE: Years 57 Months 7 Days 13 If less than one day ____ hr. ____ min.
9. Birthplace: Yazoo, City, (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business ____
12. FATHER Name: Phillip Linch
13. FATHER Birthplace: Yazoo, City, (City, town, or county) Miss. (State or foreign country)
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: A. T. Benton
(b) Address: Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Cemetery
18. (a) Signature of funeral director: H. S. Smith Funeral Home
(b) Address: Caruthersville, Mo.
19. (a) 3-29-47 (Date received local registrar) (b) Fressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3/23, 1947, to 3/26, 1947; that I last saw he alive on 3/26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrovascular accident 7 years ago (Cerebral hemorrhage due to fetal [illegible])
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death): [illegible]
Major findings: Of operations: None
Of autopsy: None (not done)

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: C. O. Coates (M. D. or other) MD
Address: Caruthersville, Mo. Date signed: 3/28

247 (Licensed Embalmer's Statement on Reverse Side)

3-47-107

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 William D. Rike, Registered Apprentice No. 440, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Farmingsville, 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.