

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
310 East Third 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 29 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot **78**

(c) City or town Caruthersville, Mo **1**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 310 East Third Street
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob Bernstein

3. (b) If veteran, name war World War 1

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Bernstein

6. (c) Age of husband & wife if alive 48 years

7. Birth date of deceased August 1, 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>7</u>	<u>7</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Furniture Business

MOTHER FATHER { 12. Name Kenneth Bernstein

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

14. Maiden name Ester

15. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ester Okrent

(b) Address Milwaukee, Wisconsin

17. (a) Removal (b) Date thereof 3-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tennessee

18. (a) Signature of funeral director H. A. Smith Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 3-11-1947 (b) Tressie B. Melko
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1945 to March 8, 1947
that I last saw him alive on March 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure w/
Rheumatic heart disease

Due to _____

Due to _____

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

Major findings: _____

Of operations: 95 B

Of autopsy: _____

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 [Signature] (M. D. or other) _____
Address Caruthersville, Mo Date signed 3/8/47

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

3-47-100

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.....

Jack H. Biggers....., Registered Apprentice No. *407*
working under my personal supervision.

Signed *James A. Osburn*.....
Licensed Embalmer No. *4185*
P. O. Address *Lawrenceville, Ga.*

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.