No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 323

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 35297

Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospt
(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: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: 627 Willam St.
(If rural, give location)
(e) Citizen of foreign country? – (Yes or No)
If yes, name country: –

3. (a) PRINT FULL NAME: Chester Troy Bennett Jr.
3. (b) If veteran, name war: –
3. (c) Social Security No.: –
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: –
6. (b) Name of husband or wife: –
6. (c) Age of husband or wife if alive: – years
7. Birth date of deceased: Oct (Month) 26 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Sikeston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: –
11. Industry or business: –

MOTHER FATHER
12. Name: Chester Bennett
13. Birthplace: Hartman (City, town, or county) Ark (State or foreign country)
14. Maiden name: Jewell Lucille Miller
15. Birthplace: Knoxville (City, town, or county) Ark (State or foreign country)

16. (a) Informant: J. M. Miller
(b) Address: 604 William St. Sikeston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston Memorial Park
18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.
19. (a) 11-4-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 26 year: 1948 hour: 10 minute: 15 P.M.
21. I hereby certify that I attended the deceased from 10-26-48, 19..., to 10-26-48, 19...; that I last saw him alive on 10-26-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity. (Lived 12 hours)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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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: E. D. Urban (M. D. or other) M. D.
Address: Sikeston, Mo Date signed: 11-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1148-1500
Date Filed 11-5-48

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 John Allritton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.