

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Birth No. 132.....

REGISTRATION DISTRICT NO. 1189

1. PLACE OF DEATH  
a. COUNTY *Wendell*

b. CITY (if outside corporate limits, write RURAL and give township) *Wendell*

c. LENGTH OF STAY (in this place) *Wendell*

d. FULL NAME OF (if not in hospital or institution, give street address or location) *Wendell*

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)  
a. STATE *N.C.*

b. COUNTY *Wendell*

c. CITY (if outside corporate limits, write RURAL and give township) *Wendell*

d. STREET ADDRESS (if rural, give location)

e. (Land)

f. (Year)

3. NAME OF DECEASED (Type or Print) *Walter Bennett*

4. DATE OF DEATH (Type or Print) *11-11-47*

5. AGE (In years last birthday) *34*

6. SEX *M*

7. MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. COLOR OR RACE *White*

9. SOCIAL SECURITY NO. (If yes, give war or date of service)

10. TIGAL OCCUPATION (Give kind of work done during most of working life even if retired)

11. BIRTHPLACE (State or foreign country) *Wendell, N.C.*

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME *Walter Bennett*

14. MOTHER'S MAIDEN NAME *Wendell*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Heart failure*

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d)) *Heart failure*

19. ANTECEDENT CAUSES (Specify) *None*

20. OTHER SIGNIFICANT CONDITIONS (Specify) *None*

21. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY

22. DATE OF OPERATION

23. ACCIDENT (Specify) *None*

24. TIME (Month) (Day) (Year) (Hour) (Minute) *11-11-47 11:47 AM*

25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) *Home*

26. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

27. HOW DID INJURY OCCUR *None*

28. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

29. I hereby certify that I attended the deceased from *11-15-47* to *11-17-47*, and that death occurred at *11-17-47* m., from the causes and on the date stated above. that I last saw the deceased *11-17-47* at *Wendell, N.C.*

30. SIGNATURE *Walter Bennett*

31. HERALD, CHEMIST, TOWN, RURAL (Specify) *Wendell*

32. DATE *11-15-47*

33. REGISTRAR'S SIGNATURE *Walter Bennett*

34. NAME OF CEMETERY OR CREMATORY *Wendell*

35. LOCATION (City, town, or county) *Wendell, N.C.*

36. GENERAL DIRECTOR *Walter Bennett*

37. ADDRESS *Wendell, N.C.*

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH  
MARGIN RESERVED FOR BINDING  
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD  
N. B.—In case of twins or triplets use a separate blank for each child, and number each in the order of birth.