

James Benny Sizemore

Pg 1/5



Born: 25 Feb 1930 TN

Married: 24 Dec 1954 Ella Pauline Sizemore

Died: 21 Nov 1981 Sanford, FL

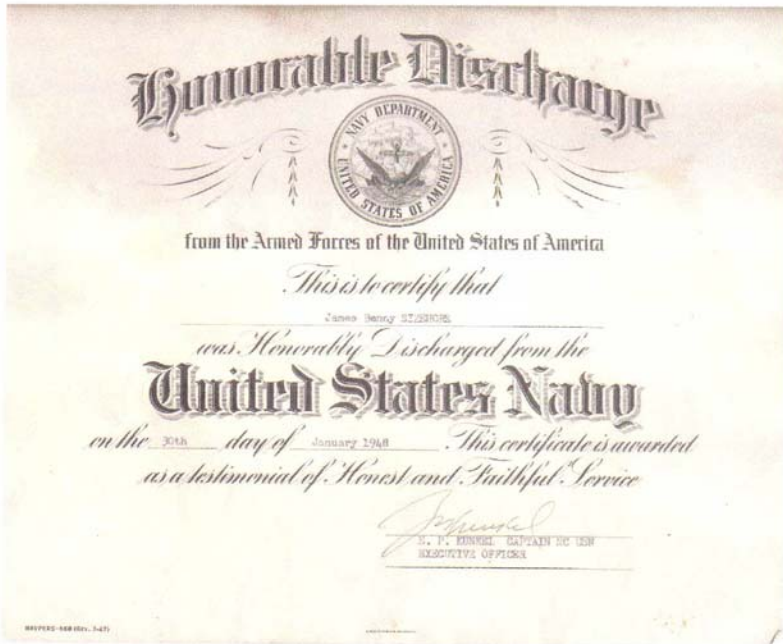
Parents: Kermit Sizemore & Annis Kathleen Hawk

James Benny Sizemore served in the U S Navy for one year and then spent most of his life working as a welder-pipe fitter at jobs all over the country.

He was a member of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada



Fast transport Wantuck (APD 125) and dock landing ship Comstock (LSD 19), loaded with Marines and their equipment, shape a course for Inchon.
NA 85-0-423221



U. S. S. WANTUCK

December, 1944

KEEL LAID AUGUST 17, 1941 LAUNCHED SEPTEMBER 25, 1941

James Benny Sizemore entered active service on 17 June 1947 and was Honorably Discharged on 30 Jan 1948. During this time he served at the Us Naval Amphibious Base, Coronado, San Diego, California on the USS Wantuck APD 125.

United Association of Journeymen and Apprentices
of the Plumbing and Pipe Fitting Industry
of the United States and Canada



Twenty-five-Year Membership Certificate

Presented to

J. B. Sizemore

In appreciation
of his long-term contribution to the ideals
and objectives
of the United Association.

The loyalty, counsel, and participation
in union affairs
of our veteran members
set a high standard of fraternal conduct
that serve as an inspiration
to all of us.

Martin J. Ward

General President

Joseph A. Walsh

General Secretary-Treasurer

CERTIFICATE OF DEATH
FLORIDA

TYPE OF PRINT IN PERMANENT BLACK INK
6906

LOCAL FILE NO. _____ STATE FILE NO. _____

1. DECEASED—NAME FIRST MIDDLE LAST
James B. Sizemore

SEX Male DATE OF DEATH (Mo., Day, Yr.) Nov. 3, 1981

RACE → g. White, Black, Am. Indian, etc. (Specify) 4 White AGE—Last Birthday (Mo., Day, Yr.) 51 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) Feb. 25, 1930 COUNTY OF DEATH 7b Seminole

7a City, Town or Location of Death Sanford 7c Hospital or Other Institution—Name (If not an either, give street and number) Seminole Memorial Hospital IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient) (Specify) 7d Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country) Tennessee 9. USA 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 11. SURVIVING SPOUSE (If wife, give maiden name) Pauline Blizzard

SOCIAL SECURITY NUMBER 12. 415-36-8721 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction 13b. KIND OF BUSINESS OR INDUSTRY Pipe Fitter

14a. RESIDENCE—STATE Florida 14b. COUNTY Seminole 14c. CITY, TOWN OR LOCATION Geneva 14d. STREET AND NUMBER Highway 46 14e. INSIDE CITY LIMITS (Specify Yes or No) No

15. FATHER—NAME FIRST MIDDLE LAST Elmer Sizemore 16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Kathleen Hawk

17a. INFORMANT—NAME (Type or Print) Pauline Sizemore 17b. MAILING ADDRESS Highway 46, Geneva, Florida

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal 18b. CEMETERY OR CREMATORY—NAME Oak Hill 18c. LOCATION Kingsport, Tennessee

19a. FUNERAL DIRECTOR (Signature) R.J. Brisson 19b. FUNERAL HOME BRISSON FUNERAL HOME ADDRESS 905 Laurel Avenue P.A. Sanford, Florida

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) P. Selassie
DATE SIGNED (Mo., Day, Yr.) Nov. 4, 1981 HOUR OF DEATH 7:00 P. M.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) _____

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) _____
DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____
21b. PRONOUNCED DEAD (Mo., Day, Yr.) _____ 21c. PRONOUNCED DEAD (Hour) _____
21d. ON _____ 21e. AT _____

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print) Dr. Peter Selassie, 819 E. First Street, Sanford, Florida

23a. REGISTRAR (Signature) _____ DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Nov 4, 1981

24. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] PART I (a) CANCER OF COLON (b) _____ (c) _____

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) _____

25. AUTOPSY (Specify Yes or No) No 26. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) No

27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) _____ DATE OF INJURY (Mo., Day, Yr.) _____ HOUR OF INJURY _____ DESCRIBE HOW INJURY OCCURRED _____
27b. _____ 27c. _____ M 27d. _____
27e. INJURY AT WORK (Specify Yes or No) _____ 27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) _____ 27g. LOCATION _____ STREET OR R.F.D. No. _____ CITY OR TOWN _____ STATE _____

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Seminole County Health Department, Sanford, Florida.

This copy NOT VALID unless raised seal of the Seminole County Health Department is affixed.

George Dejeu, M.D.
County Health Director and Local Registrar

Catherine J. J. J.
Deputy Registrar

S
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A
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2-15-82
Date Issued



James Sizemore is buried in Oak Hill Cemetery, Kingsport, TN