

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21016

State File No. 243
Registrar's No. 243Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Central City, Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community (years) months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) Muhl.
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A? years3(a) FULL NAME Edward Lee Bean

3(b) If veteran, Name war

3(c) Social Security No.

Male 5. Color White 6(a) Single, widowed, married Married
disc. Delmar Becker6(b) Name of husband or wife Delmar Becker

6(c) Age of husband or wife if alive Years

7. Birth date of deceased Aug 17 - 1886 (Day) (Year)8. AGE 58 years Months 1 Days 15 If less than one day hr. min.9. Birthplace Ky.10. Usual occupation -11. Industry or business -FATHER { 12. Name Samuel Bean
13. Birthplace Ind.MOTHER { 14. Maiden name One Perkins
15. Birthplace Ky.16(a) Informant's name Hubert Bean(b) Address Providence Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Hills Date 10 - 194418(a) Signature of funeral home Central City, Ky(b) Address Central City, Ky19(a) 9-30-1944 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 194421. I hereby certify that I attended the deceased from Sept 29 1944 to Sept 29 1944 that I last saw him alive on Sept 15 1944 and that death occurred on the date stated above at 10 M.Immediate cause of death Cancer of brain DURATION 2 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 5413

Of operations

Of autopsy

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? 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 J. H. H. H. (M. D. or other)Address Central City, Ky Date signed 9-30-44

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.