

24720

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICSRegistrar's No. 325

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Drakesboro
(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 Kentucky (b) County Muhlenberg
(c) City or town Drakesboro
(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.? _____ years

3(a) FULL NAME John L. Faughender3(b) If veteran _____ 3(c) Social Security No. _____
Name war _____4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed6(b) Name of husband or wife Neva Faughender

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

7. Birth date of deceased Sept 11 1868
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 10 If less than one day hr. _____ min.9. Birthplace Christian Co10. Usual occupation Cleat.

11. Industry or business _____

FATHER { 12. Name Jim Faughender13. Birthplace KyMOTHER { 14. Maiden name Mary Myers15. Birthplace Christian Co16(a) Informant's own signature Mary L. Faughender(b) Address Drakesboro Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Nov 22, 194618(a) Signature of funeral director Dary's funeral home(b) Address Greenhill Ky19(a) 11-30-46 (Date received by local registrar) (b) Merjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 194621. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 21 1946 that I last saw him alive on Nov 18 1946 and that death occurred on the date stated above at 540 A.M.Immediate cause of death BronchopneumoniaDue to Multiple sclerosisOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 107-598

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. P. Walker (M. D. or other)Address Clinton City Ky Date signed 11/26/46

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.