

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central City Rt. 4,		c. LENGTH OF STAY (in this place) Ky.	c. CITY OR TOWN Central City Rt 2		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Central City Rt. 4, Ky.			d. STREET ADDRESS Central City Rt. 4, Ky.		
3. NAME OF DECEASED (Type or Print) a. (First) Lankie b. (Middle) c. (Last) Fentress			4. DATE OF DEATH (Month) (Day) (Year) 11/11/62		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2/2/1902	9. AGE (In years last birthday) 60	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lankie D. Fentress			14. MOTHER'S MAIDEN NAME Susie Anna Pointer		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. C. H. Booth		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Coronary Occlusion 4201 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Occlusion DUE TO (c) _____					MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY	STATE
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P. m., from the causes and on the date stated above.					
23a. DATE SIGNED	23b. ADDRESS Central City, Ky.		23c. SIGNATURE Harold R. Peterson (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/62	24c. NAME OF CEMETERY OR CREMATORY Miller	24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.		
25a. DATE REC'D BY LOCAL REG. 11-13-62	25b. REGISTRAR'S SIGNATURE Maryann Hodge		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home, Central City, Ky.		