

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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No.

Registrar's No.

24723

301

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Depue  
(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) County Muhlenberg  
(c) City or town Rural Graham  
(If outside city or town limits, write RURAL)

(d) Street No. \_\_\_\_\_  
(If rural give precinct) R #1

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3(a) FULL NAME Malvin Rhy Fentress

3(b) If veteran,

Name war

3(c) Social Security

No.

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Single

6(b) Name of husband or wife

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

7. Birth date of deceased July 4 - 1926  
(Month) (Day) (Year)

8. AGE: 20 Years 2 Months 29 Days If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Ky10. Usual occupation U. S. Army

11. Industry or business

FATHER { 12. Name Glenn Fentress13. Birthplace KyMOTHER { 14. Maiden name Flora Stonall15. Birthplace Ky16(a) Informant's own signature Floyd Stonall(b) Address Graham, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place East Union Date Oct 9 194618(a) Signature of funeral director Central City, Ky(b) Address Central City, Ky19(a) 10-11-1946 (Date received by local registrar)

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1946

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_

to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date stated above at 6:00 P. M.Immediate cause of death Fractured skullDue to Car accidentOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Oct 6, 1946(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? on Highway 62  
(Specify type of place)While at work? No (e) Means of injury \_\_\_\_\_23. Signature Howard F. HartmanAddress Greenwich, KyDate signed 10-9-46

CP 13170-36-40

CP 8847-12-9-47