

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Greenville Ky
 (c) Name of hospital or institution: Muhlenberg Co Hospital
 (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 Mull.
 (c) City or town Central City, Ky
 (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.? _____ year

3(a) FULL NAME Eugene

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

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

6(b) Name of husband or wife _____

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

7. Birth date of deceased July 11 1920
 (Month) (Day) (Year)

8. AGE: 26 Year 2 Months 23 Days If less than one day hr. _____ min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name David Fortney
 13. Birthplace Ky

MOTHER

14. Maiden name Rachel Bell Engle
 15. Birthplace Ky

16(a) Informant's own name David Fortney16(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date Oct 27 1946

18(a) Signature of funeral director W. J. J. Funeral Home18(b) Address Central City, Ky19(a) 10-11-1946 (Date received by local registrar)Anna L. Standford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 194621. I hereby certify that I attended the deceased from Sept 15 1946 to Oct 4 1946, that I last saw him alive orOct 4 11:30 P.M. and that death occurred on the date stated above at 11:30 P.M.Immediate cause of death Endocarditis

DURATION

14 daysDue to Pneumonia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 910

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? _____ (a) Means of injury _____

23. Signature J. J. Standford

(M. D. or other)

Address Central City Ky Date signed Oct 5 1946

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.

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 12-6-46