

CERTIFICATE OF DEATH

Registration District No.

1083

Primary Registration District No.

7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural 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) County Muhlenberg
(c) City or town Rural Route 4
(If outside city or town limits, write RURAL)
(d) Street No. (Hillside) Central City
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME

Anna Lee Gorsuch

3(b) If veteran, Name war _____

3(c) Social Security No. _____

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

6(b) Name of husband or wife _____

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

7. Birth date of deceased Nov 22 1946
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 9 If less than one day hr. _____ min.9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Unknown

13. Birthplace _____

MOTHER { 14. Maiden name Mabel Mae Shoups15. Birthplace Ky16(a) Informant's own signature Arthur Shoups(b) Address Hillside, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Unity Date 11/26 194618(a) Signature of funeral director Truville Funeral Home(b) Address Truville, Ky19(a) 11-26-46 (b) Margie Hady
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 194621. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on
Nov. 24 1946 and that death occurred on the date
stated above at 2:30 P. M.

Immediate cause of death _____

DURATION

Due to _____

Other conditions Heart Failure
(Include pregnancy within 5 months of death)Major findings: Normal delivery

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 plant, in public place? _____

(Specify type of plane)

While at work? _____

(a) Cause of injury _____

23. Signature B. R. Hady

(M. D. or other)

Address Greenwell Ky Date signed 11-26-46

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.

MARGIN RESERVED FOR BINDING