

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. _____

Registrar _____

2465
23152

Registration District No. 1085

Primary Registration District No. 2426

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

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.

1. PLACE OF DEATH		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlenberg</u>		(a) State <u>Ky.</u> (b) County <u>Muhlenberg</u>	
(b) City or town <u>Greenville, Ky.</u> (If outside city or town limits, write RURAL)		(c) City or town <u>White Plains R. #1</u> (If outside city or town limits, write RURAL)	
(c) Name of hospital or institution: <u>Muhlenberg Community Hosp.</u> (If not in hospital or institution write street number or location)		(d) _____ (If rural give precinct)	
(d) Length of stay: In hospital or community _____ (years, months or days)		(e) If foreign born, how long in U. S. A.? _____ years	
3(a) FULL NAME <u>John Stanley Greenfield</u>			
3(b) If veteran, Name with _____ No. _____		3(c) Social Security _____	
4. Sex <u>M</u>	5. Color or race <u>W</u>	6(a) Single, widowed, married, divorced <u>S</u>	
6(b) Name of husband or wife _____			
6(c) Age of husband or wife if alive _____ Years			
7. Birth date of deceased <u>Sept 20, 1943</u> (Month) (Day) (Year)			
8. AGE: Years _____	Months _____	Days <u>18</u>	If less than one day hr. _____ min. _____
9. Birthplace <u>Ky.</u>			
10. Usual occupation _____			
11. Industry or business _____			
FATHER	12. Name <u>John Greenfield</u>		
	13. Birthplace <u>Ky.</u>		
MOTHER	14. Maiden name <u>Agnes Load</u>		
	15. Birthplace <u>Ky.</u>		
16(a) Informant's own signature <u>John Greenfield</u>			
(b) Address <u>White Plains Ky.</u>			
17. BURIAL, CREMATION, OR REMOVAL Place <u>Greenville</u> Date <u>10-9-43</u>			
18(a) Signature of funeral director <u>Greenfield Funeral Home</u>		(a) Where did injury occur? In or about home, on farm, in industrial place, in public place _____ (Specify type of place)	
(b) Address <u>Greenville Ky.</u>		(a) Means of injury _____ Write at work? _____	
19(a) <u>10-12-43</u> (Date received by local registrar)		23. Signature <u>J. R. Sewell</u> (M. D. or other)	
<u>Jane R. Sewell</u> (Registrar's Signature)		Address <u>Greenville Ky.</u> Date signed <u>10-10-43</u>	

MARGIN RESERVED FOR BINDING