

21010

State File No. 234
Registrar's No. 436

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 436

#7

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Wassersburg
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Muhlenberg Community Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 1 year
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlenberg
(c) City or town Wassersburg
(If outside city or town limits, write RURAL)
(d) Street No. Erwin
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Luther Shelton Hardison

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

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

7. Birth date of deceased Mar 7 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 18 If less than one day hr. _____ min.

9. Birthplace Ky - Erwin

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Luther Hardison

13. Birthplace Ky

MOTHER { 14. Maiden name Simple Fulkerson

15. Birthplace Ky

16(a) Informant's own signature Mr Luther Hardison

(b) Address Erwin, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Sumner Chapel Date 9/28 1944

18(a) Signature of funeral director Kimmel Funeral Home

(b) Address Drakeburg, Ky

19(a) 10-3-44 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1944
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 Erwin, Ky

Immediate cause of death Stroke DURATION _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 119A
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accidents, 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? _____ (e) Means of injury _____
23. Signature J. V. Walker
Address Central City, Ky (M. D. or other) Date signed 9/26/44

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.