

## CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Smublerberg  
(b) City or town Milport 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 Mull  
(c) City or town Milport  
(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 Mattie Nathaniel Monroe Hendricks

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male 5. Color of White 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Mollie Berry6(c) Age of husband or wife if alive 3 Years7. Birth date of deceased Unknown  
(Month) (Day) (Year)8. AGE: 84 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Ky.10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name William Hendricks

13. Birthplace \_\_\_\_\_

MOTHER { 14. Maiden name Francis15. Birthplace Ky.16(a) Informant's own signature D. W. Hendricks(b) Address Milport Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Bear Creek Date Oct 6 194618(a) Signature of funeral director Wreker Funeral Home(b) Address Central City Ky.19(a) October 22, 1946 (Date received by local registrar)Amelia B. Bradford (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 194621. I hereby certify that I attended the deceased from April 1946  
to Oct 5 1946, that I last saw him alive or  
Oct 4 1946 and that death occurred on the date  
stated above at 9:45 A. M.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Crownary thrombosisDue to Arterio sclerosis and  
embolism (subacute)Other conditions Hypertension, cardiac  
(Include pregnancy within 3 months of death)Major findings: hypertrophy & chronic nephritis

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 place, in public place? \_\_\_\_\_  
(Specify type of place)

Write at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. W. Orville WrekerAddress Sacramento Ky Date signed 10/12/46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING 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.