

CERTIFICATE OF DEATH

State File No. 21013Registrar's No. 276Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Madison(b) City or town Central City, Ky. R.H.K.

(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

(If outside city or town limits, write RURAL)

(d) Street No.

(If rural give precinct)

(e) foreign born, how long in U. S. A.?

years

3(a) FULL NAME Joe House

3(b) If veteran, Name war

3(c) Social Security No.

Name war

4. Sex M5. Color or race W

6(a) Single, widowed, married, divorced

6(b) Name of husband or wife Grace House

6(c) Age of husband or wife if alive

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

if less than one day

hr

min.

9. Birthplace Waynes Co. Ky10. Usual occupation miner

11. Industry or business

FATHER

12. Name Sylvester House13. Birthplace Waynes Co. Ky

MOTHER

14. Maiden name Minda Waters15. Birthplace Waynes Co. Ky16(a) Informant's own signature Chil House(b) Address Central City, Ky R4

17. BURIAL, CREMATION, OR REMOVAL

Place BluffsDate Aug 8, 194418(a) Signature of funeral director Walter J. J. J. J.(b) Address Central City, Ky

19(a)

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8, 194421. I hereby certify that I attended the deceased from April, 1944to Aug 8, 1944 that I last saw him alive on Aug 6, 1944 and that death occurred on the date stated above at 7.55 P. M.

Immediate cause of death

Hepatic Cirrhosis

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1342

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 P. G. Crum

(M. D. or other)

Address Central City, Ky Date signed 8-8-44

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.