

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.

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

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

State File No. _____
Registrar's No. 239
23151

Registration District No. 1085 Primary Registration District No. 2436

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Muhlenberg</u></p> <p>(b) City or town <u>Greenville</u></p> <p>(c) Name of hospital or institution <u>Muhlenberg Community Hospital</u> (If not in hospital or institution write street number or location)</p> <p>(d) Length of stay: In hospital or community <u>6 hrs.</u> (years, months or days)</p>			<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Muhlenberg</u></p> <p>(c) City or town <u>Rural</u> (If outside city or town limits, write RURAL)</p> <p>(d) Street No. <u>Baugh #17</u> (If rural give precinct)</p> <p>(e) If foreign born, how long in U. S. A? _____ years</p>		
<p>3(a) FULL NAME <u>Edgar Hudnall</u></p> <p>3(b) If veteran, Name war <u>World War I</u> No. _____</p> <p>3(c) Social Security No. _____</p>			<p>20. DATE OF DEATH <u>October 1</u> 19 <u>43</u></p> <p>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 <u>3:20 A. M.</u></p>		
4. Sex <u>Male</u>	5. Color or race <u>white</u>	6(a) Single, widowed, married, divorced <u>married</u>	<p>Medical Certification</p> <p>Immediate cause of death <u>Cerebral Compression</u></p> <p>Due to <u>Dr. Arthur E. Brain injury</u></p> <p>Other conditions _____ (Include pregnancy within 3 months of death)</p>		
6(b) Name of husband or wife <u>Audra Hudnall</u>	6(c) Age of husband or wife if alive <u>48</u> Years	7. Birth date of deceased <u>March 12, 1890</u> (Month) (Day) (Year)	<p>DURATION</p>		
8. AGE: Years <u>51</u> Months <u>6</u> Days <u>18</u>	If less than one day hr. _____ min.		<p>Major findings:</p> <p>Of operations <u>1902</u></p> <p>Of autopsy _____</p>		
9. Birthplace <u>Butler County Kentucky</u>	10. Usual occupation <u>Farmer</u>	11. Industry or business _____	<p>12. If death was due to external causes, fill in the following: <u>on highway</u></p> <p>(a) <u>Accident</u> suicide, or homicide (specify) <u>fell from truck</u></p> <p>(b) Date of occurrence <u>9-30-43</u></p> <p>(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? <u>highway</u> (Specify type of place)</p>		
FATHER { 12. Name <u>John Hudnall</u>	13. Birthplace <u>Butler County, Ky.</u>	MOTHER { 14. Maiden name <u>Cordie Christmas</u>	<p>13. Signature of general director <u>H. C. Hargreaves</u></p> <p>(b) Address <u>Louisburg, Ky.</u></p>		
15. Birthplace <u>Butler County, Ky.</u>	16(a) Informant's own signature <u>Mrs. Edgar Hudnall</u>	16(b) Address <u>Louisburg, Ky. Rt. #4</u>	<p>14. Signature of registrar <u>Jane R. Louell</u></p> <p>(b) Address <u>Louisburg, Ky.</u></p>		
17. BURIAL, CREMATION, OR REMOVAL	Place <u>Beechland Cemetery</u> Date <u>10-3</u> 19 <u>43</u>	18(a) Signature of informant _____	<p>15. While at work? <u>no</u> (a) Means of injury _____</p> <p>16. Signature <u>Jane R. Louell</u> (M. D. or other) _____</p> <p>Address <u>Greenville Ky</u> Date signed _____</p>		
19(a) <u>10-27-43</u> (Date received by local registrar)	(b) _____ (Registrar's signature)				

10/1/43