

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived. If institutions: residence before admission) a. STATE KY. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central City		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Central City	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Pascal c. (Last) Lovell			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16 1956		
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 2, 1904	9. AGE (In years last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY 70	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Lovell			14. MOTHER'S MAIDEN NAME Anna Watkins		
15. WAS DECEASED (Yes, no, or unknown) EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Georgia Lovell	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH 3 days
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) <i>Chronic Hypertension</i>		6 yrs
		DUE TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 596 X - 109-25			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY STATE

22. I hereby certify that I attended the deceased from 9-10-1956 to 11-16-1956, that I last saw the deceased alive on 11-15-1956, and that death occurred at 5:05 p. m., from the causes and on the date stated above.

23a. DATE SIGNED 11-16-56	23b. ADDRESS Central City, Ky.	23c. SIGNATURE [Signature]	(Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1956	24c. NAME OF CEMETERY OR CREMATOR Fairmount	24d. LOCATION (City, town, or county) (State) Central City, Ky.
25a. DATE REC'D BY REG. 11-21-56	25b. REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky	

Maxwell H. [Signature]