

19916

Form V. B. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistrar's No. 203Registration District No. 1885 Primary Registration District No. 4477

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Penrod 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 Madison
(c) City or town Penrod Ky
(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.? _____ years

3(a) FULL NAME Calmer A. Anchoy

3(b) If veteran, _____

3(c) Social Security

Name war _____

No. _____

4. Sex male 5. Color or race White 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Ernie Anchoy6(c) Age of husband or wife if alive 59 Years7. Birth date of deceased May 12 - 1883
(Month) (Day) (Year)8. AGE: Years 62 Months 3 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Butler Co Ky10. Usual occupation Farmer

11. Industry or business _____

FATHER { 12. Name Abraham Anchoy
13. Birthplace Butler Co KyMOTHER { 14. Maiden name Sarah Fordythe
15. Birthplace Butler Co Ky16(a) Informant's own signature Earl P. Anchoy(b) Address Penrod Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Forest Grove Date 9-5-194518(a) Signature of funeral director Edmond Funeral Home(b) Address Drakesboro Ky19(a) 9-4-45 (Date received by local registrar) (b) Marjorie King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 - 194521. I hereby certify that I attended the deceased from Sept 4 1945 to Sept 4 1945, that I last saw him alive on Sept 4 1945, and that death occurred on the date stated above at 1140 P.M.

Immediate cause of death _____

DURATION

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

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)

While at work? _____

(a) Means of injury _____

23. Signature Henry Smith

(M.D. or other)

Address RichwoodDate signed Sept 4 - 45

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.