

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.

21049

1. PLACE OF DEATH:
 (a) County Muhlenberg
 (b) City or town Rural
(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. Graham
(If rural give precinct)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Arthur Dates

3(b) If veteran, _____ 3(c) Social Security No. _____

Name was _____

4. Sex Male 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Eva Dates

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased July 24
(Month) (Day) (Year)

8. AGE: 53 Years Months Days If less than one day hr. min.

9. Birthplace Muhlenberg

10. Usual occupation Farming

11. Industry or business _____

FATHER { 12. Name M. A. Dates

13. Birthplace Muhlenberg Co

MOTHER { 14. Maiden name Mollie Shannon

15. Birthplace Muhlenberg Co

16(a) Informant's own signature W. C. Dates

(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL
 Place Yeasgans Chapel Date Sept 7, 1944

18(a) Signature of funeral director Harry's Funeral Home

(b) Address Greenhill 14

19(a) 9-6-44 (Date received by local registrar) (b) Marybree Hodge (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH Sept 5 1944

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 8:30 AM

Immediate cause of death Shot in right temple with a 22 rifle DURATION _____

Due to Suicide

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 114C

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Sept 5, 1944

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? In home
(Specify type of place)

While at work? no (a) Means of injury Shot

23. Signature Howard F. Shelton, M.D. (Physician)

Address Greenhill, Ky Date signed Sept 5, 1944