

21042

COMMONWEALTH OF KENTUCKY

State File No.

Registrar's No.

225

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Graham
(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 31
(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) If foreign born, how long in U. S. A.?

3(a) FULL NAME John B. Render

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

4. Sex male 5. Color or race White 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Bessie Render

6(c) Age of husband or wife if alive 78 Years

7. Birth date of deceased Jan. 7 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Ohio County, Co., Ky

10. Usual occupation Weigh Boss

11. Industry or business Mining

FATHER 12. Name Joshua Render

13. Birthplace Ohio County Co., Ky

MOTHER 14. Maiden name Jane Taylor

15. Birthplace Ohio County Ky

16(a) Informant's own signature Eves J. Hatcher

(b) Address Greenvale Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Greengreen Date Sept. 11, 1944

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

(b) Address Greenville, Ky

19(a) 9-11-44 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1944

21. I hereby certify that I attended the deceased from Oct 5 1944 to Sept 8 1944, that I last saw him alive on Sept 3 1944, and that death occurred on the date stated above at M.

Immediate cause of death Chronic Myocarditis DURATION 5 yrs

Due to
Other conditions Semility (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓ 93D-16218
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? (e) Means of injury

23. Signature Gaudell M. M.D. (M. D. or other)
Address Greenville, Ky Date signed

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.