

21038

Form V. 2. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Cheston Kentucky
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
(c) City or town Cheston
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)(d) Street _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME

John Stanfield

3(b) If veteran,

3(c) Social Security

Name war _____

No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Willie Stanfield6(c) Age of husband or wife if alive 56 Years7. Birth date of deceased Dec 11 1869
(Month) (Day) (Year)8. AGE: Years 74 Months 8 Days 26 If less than one day hr. _____ min. _____9. Birthplace Union County Ky10. Usual occupation Railroad worker

11. Industry or business _____

FATHER { 12. Name James Stanfield13. Birthplace EnglandMOTHER { 14. Maiden name Eliza Hepner15. Birthplace England16(a) Informant's own signature Ruth Arnold(b) Address Deland, Calif

17. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date Aug 9 194418(a) Signature of funeral director Walter Funeral Home(b) Address Central City Ky19(a) August 9, 1944 (Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 194421. I hereby certify that I attended the deceased from Dec 9 1941 to Aug 7 1944. that I last saw him alive on Aug 6 1944 and that death occurred on the date stated above at _____ M. _____Immediate cause of death Cerebral Encephalitis DURATION _____

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings:

Of operations 46A

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 Dr. John P. Walton (M. D. or other)Address Central City Ky Date signed Aug 9 - 44

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.