

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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No. 7370
Registrar's No. 62

DELAY

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Central City Ky R.R. 4
(c) Name of hospital or institution:
(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, & days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Mull.
(c) City or town Central City
(If outside city or town limits, write RURAL)
(d) Street No. R. 4
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Allvin Morton Whanger

3(b) If veteran, _____ 3(c) Social Security No. _____
4. Sex Male 5. Color White 6(a) Single, widowed, married, divorced _____

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

7. Birth date of deceased July 28 - 1891 Years
(Month) (Day) (Year)

8. AGE: 47 Years 5 Months 21 Days
If less than one day hr. min.

9. Birthplace Ky.

10. Usual occupation miner

11. Industry or business _____

FATHER { 12. Name John Whanger
13. Birthplace Ky.

MOTHER { 14. Maiden name Elizabeth Cart
15. Birthplace Ky.

16(a) Informant's own signature Harry Whanger

(b) Address Central City Ky R.R. 4

17. BURIAL, CREMATION, OR REMOVAL
Place Grave Date 1-21-1946

18(a) Signature of funeral director Charles L. Taylor

(b) Address Central City Ky

19(a) 2-28-1946 (Date received by local registrar) Donald B. Standish (Registrar's signature)

20. DATE OF DEATH January 19 1946
21. I hereby certify that I attended the deceased from June 10 1945 to Jan 9 1946 that I last saw him alive on Nov 22 1945 and that death occurred on the date stated above at 10:45 M.

Immediate cause of death Chronic Myocarditis DURATION 2 yrs
Due to _____

Other conditions General Arteriosclerosis
(Include pregnancy within 9 months of death)
with Hypertension

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 plant, in public place? _____
(Specify type of plant)

While at work? _____ (c) Name of injury _____

23. Signature James Wilson M.D.
(M. D. or other) Memphis Ky Date signed 2/2/46