

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 323Registration District No. 1085Primary Registration District No. 243527733

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 Central City (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 Brenda Jean Whitehouse

3(b) If veteran, _____

3(c) Social Security

Name war _____

No. _____

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

6(b) Name of husband or wife _____

6(c) Age of husband or wife if living Nov 25 1942 Years7. Birth date of deceased Nov 25 1942
(Month) (Day) (Year)8. AGE: Years _____ Months 20 If less than one day _____ hr. _____ min.9. Birthplace Ky.10. Usual occupation V

11. Industry or business _____

FATHER

12. Name Dallis Whitehouse13. Birthplace Ky.

MOTHER

14. Maiden name Lucille Millard15. Birthplace Ky.16(a) Informant's own signature Dallis Whitehouse(b) Address Central City Ky.

17. BURIAL OR REMOVAL

Place Stuffs Date Dec 16, 194218(a) Signature of funeral director Trucker Funeral Home(b) Address Central City Ky.19(a) 12-16-1942 (Date received by local registrar)(b) D. L. Blalock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 194221. I hereby certify that I attended the deceased from Dec 12 1942
to Dec 15 1942 that I last saw him alive onDec 14 1942 and that death occurred on the date
stated above at 9:30 A M.Immediate cause of death Pneumonia DURATION

Due to _____

Other conditions _____
(Include pregnancy within 9 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? _____ (e) Means of injury _____

23. Signature J. P. Wallin M. D. (M. D. or other)Address Central City Ky. Date signed 12-15-42

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.