

24701

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICSRegistrar's No. 320

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:

- (a) County Muhlenberg
 (b) City or town Rural
 (c) Name of hospital or institution: Muhlenberg Co. Home
 (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)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kentucky (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 William Samuel Whitehouse3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____4. Sex male 5. Color or race white 6(a) Single, widowed, married,
divorced unmarried6(b) Name of husband or wife Ida Whitehouse

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

7. Birth date of deceased Jan 12, 1877
(Month) (Day) (Year)8. AGE: Years 69 Months 10 Days 8 If less than one day
hr. _____ min. _____9. Birthplace Muhlenberg10. Usual occupation Retired Miner

11. Industry or business _____

FATHER 12. Name Charles Thomas Whitehouse13. Birthplace KentuckyMOTHER 14. Maiden name Unknown

15. Birthplace _____

16(a) Informant's own signature Charles Whitehouse(b) Address E. St. Louis, Ill.17. BURIAL, CREMATION, OR REMOVAL
Buried in _____ Date Nov. 22, 194618(a) Signature of funeral director Mad. J. Irvin Gary(b) Address Greenville, Ky.19(a) 11-25-46 (Date received by local registrar)(b) Therese Lodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 194621. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on
Nov 17 1946 and that death occurred on the date
stated above at _____ M.

Immediate cause of death _____ DURATION

Hypostatic pneumonia

Due to _____

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

Major findings: _____

Of operations 227-1112

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 B. K. Gates (M. D. or other)Address Greenville Ky Date signed 11-23-46

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.

MARGIN RESERVED FOR BINDING