

MARGIN RESERVED FOR BINDING

Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.)

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

State File No. _____
Registrar's No. **37827**

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. **1205** Primary Registration District No. **8001**

1. PLACE OF DEATH: **Pulaski Co**
(a) County **Pulaski**
(b) City or town **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, days) _____
2. USUAL RESIDENCE OF DECEASED: **Pulaski** County
(a) State **Pulaski**
(b) County **Rural**
(c) City or town (If outside city or town limits write RURAL) **Nancy**
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **Herchel McKinley Rainwaters**

3(b) If veteran, _____ 3(c) Social Security _____
Name war. **World # I** No. _____
4. Sex **M** 5. Color or race **W** 6(a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **Jan. 22, 1896**
(Month) (Day) (Year)
8. AGE: **47** Years Months **5** Days If less than one day hr. min.

9. Birthplace **Pulaski Co Ky**
10. Usual occupation **Farmer**
11. Industry or business **William H Rainwaters**

FATHER 12. Name _____
13. Birthplace **Pulaski Co Ky**

MOTHER 14. Maiden name **Martha Redman**
15. Birthplace **Pulaski Co Ky**

16(a) Informant's own signature **Lola Rainwaters**
(b) Address **Nancy Ky**

17. BURIAL, CREMATION, OR REMOVAL
Place **Chester View Cemetery, I, 29, 43**

18(a) Signature of funeral director **W. C. Thorne**
(b) Address **Somers Ky**

19(a) **2-7-43** (Date received by local registrar) (b) **W. C. Thorne** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Jan. 27, 1943**
21. I hereby certify that I attended the deceased from **1-17-1943** to **1-27-1943**, that I last saw him alive on **1-20-1943** and that death occurred on the date stated above at **ILL P. M.**

Immediate cause of death **Coronary Atherosclerosis**
Myocardial Infarction
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **92B-95C**
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): **180/3943**
(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 **B. H. Wadley** (M. D. or other)
Address **Somers Ky** Date signed **2-7-43**

#2013