

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. B. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Date Filed No.

Registrar's No.

23979

84

Registration District No. 335

Primary Registration District No. 4711

1. PLACE OF DEATH:

(a) County Casey  
(b) City or town Mintonville  
(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) County Casey  
(b) City or town Mintonville  
(c) Outside city or town limits, write RURAL

(d) Street No. (If rural give precinct)

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

3(a) FULL NAME

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Female

5. Color or race

white

6(a) Single, widowed, married, divorced

married

6(b) Name of husband or wife

Walter Rainwater

6(c) Age of husband or wife if alive

65

Years

7. Birth date of deceased

7-16-1872

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

Lulaski Co. Ky

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John Roy

13. Birthplace

Lulaski Co. Ky

MOTHER

14. Maiden name

Cynthia Floyd

15. Birthplace

Kentucky

16(a) Informant's own signature

Marie Under

(b) Address

Holtzworth St

17. BURIAL, CREMATION, OR REMOVAL

Place

Mintonville

Date

10-2-1944

18(a) Signature of funeral director

Family

(b) Address

19(a) Nov. 15 1944

(b)

Edy & Wemy

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 1

1944

21. I hereby certify that I attended the deceased from 8-1-1944 to 10-1-1944 that I last saw him alive on about 9-28-1944 and that death occurred on the date stated above at 2 A. M.

Immediate cause of death

Carcinoma of Liver

DURATION

Due to

Other conditions

(Include pregnancy within 3 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?

(a) Means of injury

23. Signature

CB Green MD

Address

Midlebury Ky

(M. D. or other)

Date signed 10-3-44

#2016