# Certificate of Death

**Commonwealth of Kentucky**

**Department of Health**

**Bureau of Vital Statistics**

**Certificate of Death**

**Registration District No: 1205**

**Primary Registration District No: 8001**

## 1. Place of Death:
- County: [Signature]
- City or town: [Signature]
- Name of hospital or institution: [Signature]
- Length of stay: [Signature]

## 2. Usual Residence of Deceased:
- State: [Signature]
- City or town: [Signature]
- Street No.: [Signature]
- If foreign born, how long in U.S.A.: [Signature]

## 3. Full Name:
- Oscar Rainwater

## 4. Sex:
- Male

## 5. Color or race:
- White

## 6. Marital status:
- Single

## 7. Birth date of deceased:
- 10 May 1897

## 8. Age:
- 58 years

## 9. Birthplace:
- [Signature]

## 10. Usual occupation:
- Farmer

## 11. Industry or business:

## 12. Father:
- W.H. Rainwater

## 13. Birthplace:
- [Signature]

## 14. Maiden name:
- Martha Redman

## 15. Birthplace:
- [Signature]

## 16. Informant's own signature:
- Ada Rainwater

## 17. Place of burial, cremation, or removal:
- [Signature]

## 18. Signature of authorized person:
- [Signature]

## 19. Address:
- [Signature]

## 20. Date of death:
- Jan 12, 1942

## 21. Medical certification:
- Immediate cause of death: Malignant Heart Disease
- Duration: 5 years

## 22. Other conditions:

## 23. Signature of authorized person:
- [Signature]

## 24. Date signed:
- [Signature]

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#2018