

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				COMMONWEALTH OF KENTUCKY		State File No. <u>4501</u>	
DEPARTMENT OF COMMERCE Bureau of the Census				Department of Health BUREAU OF VITAL STATISTICS		Registrar's No. <u>4501</u>	
Registration District No. <u>1205</u>				Primary Registration District No. <u>8001</u>			
1. PLACE OF DEATH: <u>Pulaski</u>				2. USUAL RESIDENCE OF DECEASED: <u>Pulaski</u>			
(a) County <u>Pulaski</u>				(a) State <u>Ky</u>			
(b) City or town <u>Rural</u> (If outside city or town limits, write RURAL)				(b) City or town <u>Rural</u> (If outside city or town limits, write RURAL)			
(c) Name of hospital or institution:				(d) Street No.			
(If not in hospital or institution write street number or location)				(If rural give precinct)			
(d) Length of stay: In hospital or community _____ (years, months or days)				(e) If foreign born, how long in U. S. A? _____ years			
3(a) FULL NAME <u>Oscar Star Rainwater</u>							
3(b) If veteran, _____				3(c) Social Security No. _____			
Name war _____				No. _____			
4. <u>Male</u>		5. Color or race <u>White</u>		6(a) Single, widowed, married, divorced <u>Married</u>			
6(b) Name of husband or wife _____							
6(c) Age of husband or wife if alive _____ Years							
7. Birth date of deceased <u>10 5 1897</u> (Month) (Day) (Year)							
8. AGE: Years <u>58</u>		Months _____		Days _____		If less than one day hr. _____ min.	
9. Birthplace <u>Ky.</u>							
10. Usual occupation <u>Farmer</u>							
11. Industry or business _____							
FATHER { 12. Name <u>W. H. Rainwater</u>							
13. Birthplace <u>Ky.</u>							
MOTHER { 14. Maiden name <u>Martha Redman</u>							
15. Birthplace <u>Ky.</u>							
16(a) Informant's own signature <u>Ada Rainwater</u>							
(b) Address <u>Painter Ky</u>							
17. BURIAL, CREMATION, OR REMOVAL							
Place <u>Hopewell Cem</u> Date <u>1-14-45</u>							
18(a) Signature of funeral director <u>Samuel L. Williams</u>							
(b) Address <u>Samuel L. Williams</u>							
19(a) <u>2-27-45</u> (Date received by local registrar)							
(b) <u>Samuel L. Williams</u> (Registrar's signature)							
20. DATE OF DEATH <u>Jan 12 1945</u>							
21. I hereby certify that I attended the deceased from <u>July 1 1942</u> to <u>June 12 1945</u> that I last saw him alive on <u>June 8 1945</u> and that death occurred on the date stated above at <u>8:14 AM</u> .							
Immediate cause of death <u>Myocardial Infarction</u>						DURATION <u>5 yrs</u>	
Due to _____							
Other conditions _____ (Include pregnancy within 3 months of death)							
Major findings: <u>12B</u>							
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 <u>Brent L. ...</u> (M. D. or other)							
Address <u>Samuel L. Williams</u> Date signed <u>Jan 14 45</u>							

Dr. Wedder

#2018