

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH **READING 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. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

6431

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **Jessamine**
(b) City or town **Wilmore**
(If outside city or town limits, write 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 or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **KY** (b) County **Casey**
(c) City or town **Rural**
(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.?

3(a) FULL NAME

Michael Rainwater.

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Sex

M

5. Color or

W

6(a) Single, widowed, married, divorced **Baby**

6(b) Name of husband or wife

6(c) Age of husband or wife if alive

7. Birth date of deceased

Feb. 5

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

Ky

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Everett Rainwater

13. Birthplace

Ky

MOTHER

14. Maiden name

Christine Dye.

15. Birthplace

Ky

16(a) Informant's own signature

Everett Rainwater.

(b) Address

Wilmore Ky;

17. BUREAU OF VITAL STATISTICS, OF REMOVAL

Place

Casey Co.

Date

Feb. 5, 1947

18(a) Signature of funeral director

Guyn, Kuriz & Hager.

(b) Address

Nicholasville, Ky.

19(a)

(Date received by local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Feb. 5** 19**47**

21. I hereby certify that I attended the deceased from **Feb. 5** 19**47** to **Feb. 5** 19**47** that I last saw him alive or

to **Feb. 5** 19**47** and that death occurred on the date stated above at **6.17 a. m.**

Immediate cause of death

Birth Injury

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?

(e) Means of injury

23. Signature

V. C. Elipie (M. D. or other)

Address

Wilmore Ky. Date signed **Feb. 5-1947**

#2021