

## COMMONWEALTH OF KENTUCKY

50 23442

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICSDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Date Filed

Registrar's No.

Registration District No. 920 Primary Registration District No. 2350

1. PLACE OF DEATH a. COUNTY <u>Logan</u>		2. USUAL RESIDENCE (When deceased lived in institution, institution; name and address) b. CITY OR TOWN <u>Russellville</u> c. LENGTH OF STAY (in this place) <u>8</u> d. CITY OR TOWN <u>Quality - Route #2</u>	
3. NAME OF DECEASED a. (Print) <u>SARAH</u> b. (Type or Print) <u>MOORE</u> c. (Last) <u>RAINWATER</u>		4. DATE OF DEATH a. (Month) <u>OCT.</u> b. (Day) <u>10</u> c. (Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 27th, 1929</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>68</u>	10. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
11. FATHER'S NAME <u>ETHEL MOORE</u>		12. MOTHER'S MAIDEN NAME <u>ANNIE BLAIR</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>✓</u>	
15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		16. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Childbirth</u> DUE TO (c) <u>Placenta Retained for 9 hours</u>	
17a. DATE OF OPERATION <u>10/11/50</u>		17b. MAJOR FINDINGS OF OPERATION <u>123 X - 115 - 22</u>	
18a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>123 X - 115 - 22</u>	
19a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/11/50</u>		19b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20. I hereby certify that I attended the deceased from <u>Jan. 20, 1950</u> to <u>Oct. 10, 1950</u> and that death occurred at <u>7:30</u> from the causes and on the date stated above.		21. HOW DID INJURY OCCUR?	
22a. DATE SIGNED <u>10/11/50</u>		22b. ADDRESS <u>Auburn Ky</u>	
23a. DATE SIGNED <u>10/11/50</u>		23b. ADDRESS <u>Auburn Ky</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/50</u>	
25a. DATE REC'D BY LOCAL REG. <u>11/10/50</u>		25b. REGISTRAR'S SIGNATURE <u>Myrtle J. Anderson</u>	
26a. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		26b. LOCATION (City, town, or county) (State) <u>Logan County Ky</u>	
27a. FUNERAL DIRECTOR <u>Richardson Funeral Home - Russellville, Ky.</u>		27b. SIGNATURE <u>C. A. Wood</u>	

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