

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 48  
Registrar's No.

Form V. S. 1-4  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 50 Primary Registration District No. 2027

1. PLACE OF DEATH:  
(a) County Bath  
(b) City or town Bath  
(c) Name of hospital or institution  
(d) Length of stay: in hospital or community

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Bath  
(c) City or town Bath  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Fred Wilbert Hardin

3(b) If veteran, Name war No.  
3(c) Social Security No.  
4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced

7. Birth date of deceased: March 6 1940  
(Month) (Day) (Year)

8. AGE: Years 3 11

9. Birthplace Bath County, Ky

10. Usual occupation

11. Industry or business

12. Name Walter Hardin

13. Birthplace Kentucky

14. Maiden name Nellie Sands

15. Birthplace Kentucky

16(a) Informant's own signature Walter Hardin

(b) Address Bath Dick, Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Jones Cemetery Date June 18, 41

18(a) Signature of funeral director Parkes Foreman

(b) Address Bath Dick, Ky

19(a) Date received by local registrar June 18, 1941 (b) Registrar's signature Mrs. J. B. Baily

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1941

21. I hereby certify that I attended the deceased from June 16 1941 that I last saw h. alive on June 16 1941 and that death occurred on the date stated above at 5 A. M.

Immediate cause of death: Uterorrhoea

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)

23. Signature D. C. Johnson (M. D. or other)

Date signed 6/17/41

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully repeated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.