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. 10749
Registrar's No. 19

Registration District No. 50 Primary Registration District No. 4681

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.

1. PLACE OF DEATH:
(a) County BATH
(b) City or town SALT-LICK (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 BATH
(c) City or town SALT-LICK KY (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.? years

3(a) FULL NAME JOHN FRANKLIN 360

3(b) If veteran, Name war
3(c) Social Security No.

4. Sex MALE | 5. Color or race WHITE | 6(a) Single, widowed, married, divorced MARRIED

6(b) Name of husband or wife BEDA 360

6(c) Age of husband or wife if living 62 Years

7. Birth date of deceased (Month) 4 (Day) 18 (Year) 1882

8. AGE: Years 62 | Months | Days 13 | If less than one day hr. min.

9. Birthplace KENTUCKY

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name FRANK - 360
13. Birthplace KENTUCKY

MOTHER
14. Maiden name NANCY DONALDSON
15. Birthplace KENTUCKY

16(a) Informant's own signature Beda 360
(b) Address SALT-LICK KY

17. BURIAL, CREMATION, OR REMOVAL
Place OAKES CEM Date MAY 5 1944

18(a) Signature of funeral director Hinerman & Powell
(b) Address SALT-LICK KY

19(a) May-4-1944 (Date received by local registrar) (b) Mrs Pearl Brothers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 1 1944

21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h alive on 19, and that death occurred on the date stated above at 4 P.M.

Immediate cause of death Cerebral Hemorrage — DURATION

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
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? (a) Means of injury

23. Signature Ernest Hearst (M. D. or other)
Address Owingsville Ky Date signed May 5th 1944