

DELAY

Registration District No. **500** Primary Registration District No. **2165**

1. PLACE OF DEATH a. COUNTY Fayette		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Kentucky b. COUNTY Rowan	
b. CITY (If outside corporate limits, with RURAL and give township) Lexington	c. LENGTH OF STAY (in this state) 0 1	c. CITY (If outside corporate limits, with RURAL and give township) Farmers	d. STREET ADDRESS (If rural, give location) 183
4. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1949	
3. NAME OF DECEASED a. (First) John b. (Middle) E. c. (Last) Jones		4. DATE OF BIRTH (Month) (Day) (Year) Apr. 10, 1885	
1. SEX M.	2. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. AGE (in years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during week of working day, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY 1	11. BIRTHPLACE (State or foreign country) Rowan Co., Ky.
13. FATHER'S NAME Thomas Jones		14. MOTHER'S MAIDEN NAME Kate Rice	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Hessie Jones		18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c)) None	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior wall to heart infarct		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury, or complication in a natural death. Marked conditions, if any, giving rise to the above cause (b) stating the underlying cause last. Due to (b) Irregular heart function		20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION 4200-98T	
23. ACCIDENT (Specify) SUICIDE		24. PLACE OF INJURY (a.e., in or about house, farm, factory, street, other (specify))	
25. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 3/27/49		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
27. HOW DID INJURY OCCUR		28. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
29. I hereby certify that I attended the deceased from 3/27, 1949 to 3/29, 1949 , that I last saw the deceased alive on 3/28, 1949 , and that death occurred at 11:00 p.m., from the causes and on the date stated above.			
30. DATE SIGNED		31. SIGNATURE (Signature of title) Clara N. Kamm	
32. ADDRESS		33. NAME OF CEMETERY OR CREMATORY Jones Cemetery	
34. USUAL CREMATION, REMOVAL, REPOSITORY Burial		35. LOCATION (City, town, or county) (State) Rowan Co., Ky.	
36. DATE REC'D BY 4-2-49		37. REGISTRAR'S SIGNATURE C. B. Lane	
38. FUNERAL DIRECTOR C. B. Lane		39. ADDRESS Morehead, Ky.	

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