

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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
 (a) County Fayette
 (b) City or town Lexington
 (c) Name of hospital or institution Good Samaritan Hospital
 (d) Length of stay: In hospital or community 11 (years, months or days)

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

3(a) FULL NAME Lillian Salyers Kautz
 3(b) If woman, Name was _____ 3(c) Social Security No. _____

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced MARRIED
 6(b) Name of husband or wife George Kautz
 6(c) Age of husband or wife if alive 61 Years
 7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years 80 Months 9 Days 10 If less than one day No. _____ min.
 9. Birthplace Kentucky
 10. Usual occupation at home
 11. Industry or business _____

12. Name Cane Salyers
 13. Birthplace Kentucky
 14. Maiden name Lodisko Row
 15. Birthplace Kentucky

16(a) Informant's own signature George Kautz
 (b) Address Slat Lick Kentucky

17. BURIAL, CREMATION, OR REMOVAL Bath County
 Place Salt Lick Ky Date Jan 28 1945

18(a) Signature of funeral director Karr Brothers
 (b) Address Lexington Ky

19(a) 2-19-1945 (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1945
 21. I hereby certify that I attended the deceased from Jan 2 1945 to Jan 26 1945 that I last saw him alive on Monday 25/45 and that death occurred on the date stated above at 11 AM.

Immediate cause of death Myocardial infarction
 (State anatomical)

22. Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operative Large tumor in abd
 Of autopsy _____

23. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 46H
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____ (Specify type of place)
 While at work? _____ (If type of injury) _____

24. Signature [Signature]
 (M. D. or other) _____
 Address Lexington

HR