

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY OR TOWN Greenville, Ky.	c. LENGTH OF STAY (in this place) 07	c. CITY OR TOWN Central City	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital		d. STREET ADDRESS Locust St.	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED a. (First) Ruben b. (Middle) Adley c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) 6/15/60	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 1888
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY 00
11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Carter		14. MOTHER'S MAIDEN NAME Mary E Doss	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Maudie Carter	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart Failure and Shock		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) Fractured Hip and other Injuries		
	DUE TO (c) Being hit by an Automobile		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 8124		
20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) Hit by an Automobile backing into street		
21b. TIME OF INJURY 8:15 P.M. 6/13/60	21c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street Intersection		
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21e. CITY, TOWN, OR LOCATION Central City, Muhlenberg, Ky. COUNTY 089 STATE		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23a. DATE SIGNED 6/15/60	23b. ADDRESS Central City, Ky.	23c. SIGNATURE M. V. Carter (Degree or title) Coroner
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/60	24c. NAME OF CEMETERY OR CREMATORY Miller
24d. LOCATION (City, town, or county) (State) Muhlenberg Co., Ky.	25a. DATE REC'D BY CAL REG. 6-18-60	25b. REGISTRAR'S SIGNATURE Margaret Hodge
26. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky		ADDRESS