

Registration District No. 1085Primary Registration District No. 7513

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Bellton Ky
(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:

(e) State _____ (b) County _____
(c) City or town _____
(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 Blindell Franklin Cartwright

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced _____5(b) Name of husband or wife Clara Cartwright

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Dec 5 1939
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____
If less than one day hr. _____ min. _____9. Birthplace Bellton Ky.10. Usual occupation Training

11. Industry or business _____

12. Name Clara Cartwright13. Birthplace Bellton Ky14. Maiden name Marilyn Hardison15. Birthplace Muhlenberg16(a) Informant's own signature A. E. Stiel(b) Address Purrod Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Union Ridge Date Dec 8 193918(a) Signature of funeral director J. H. ...(b) Address Drakebarn Ky19(a) 12-8-39 (b) Janice Carter

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 193921. I hereby certify that I attended the deceased from Dec 5 1939to Dec 7 1939 that I last saw him alive on _____

_____ 19____, and that death occurred on the date

stated above at 9:45 P.M.Immediate cause of death unknown

DURATION

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

A Of operation: _____

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? _____ (e) Means of injury _____

23. Signature A. E. StielAddress Purrod Date signed 12/8/39

(Mr. or other)

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information furnished should be stated EXACTLY. OCCASIONS should state CAUSE OF DEATH in plain text. It of OCCUPATION is very important.