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. 21034
Registrar's No. 288

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg (b) County
(b) City or town Greenville Ky (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Muhlenberg Co Hospital
(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
(c) City or town Central City 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 Bessie Alice Hoffsinger

3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Female
5. Color or race White
6(a) Single, widowed, married, divorced W.
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased July 11 1893 (Month) (Day) (Year)
8. AGE 51 Years 2 Months 17 Days If less than one day hr. min.
9. Birthplace Ky.
10. Usual occupation
11. Industry or business
FATHER 12. Name J. J. Jones Sr.
FATHER 13. Birthplace Ky.
MOTHER 14. Maiden name Susan McLemore
MOTHER 15. Birthplace Ky.
16(a) Informant's own signature V. A. Hoffsinger
(b) Address Detroit Mich
17. BURIAL, CREMATION, OR REMOVAL Cedar Grove Date 9-24-44
18(a) Signature of funeral director Parker Funeral Home
(b) Address Central City, Ky
19(a) 9-30-1944 (Date received by local registrar) Donald R Blankenship (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 22 19 44
21. I hereby certify that I attended the deceased from Sept 20 19 44 to Sept 22 19 44, that I last saw h alive on , and that death occurred on the date stated above at 12.05 P M.
Immediate cause of death Intermal obstruction — DURATION
Due to adhesions
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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, or farm, In industrial place In public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. P. Walton M.D. (M. D. or other)
Address Central City Ky Date signed 9-30-44

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.