

21044

State File No. 228
Registrar's No. 228

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town _____
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Muhlenberg Co. Community Hospital
(If not in hospital or institution write street number and location)
(d) Length of stay: In hospital or community 12 hours
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct) Rt. - 1
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Flora Ella Noffsinger

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 married

6(b) Name of husband or wife Ulysses Noffsinger
6(c) Age of husband or wife if alive 63 Years

7. Birth date of deceased March 17
(Month) (Day) (Year)

8. AGE: Years 59 Months _____ Days _____
If less than one day hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation Housekeeper

11. Industry or business _____

FATHER { 12. Name Henry C. Mc Donald
13. Birthplace Muhlenberg

MOTHER { 14. Maiden name Jennie Miller
15. Birthplace Muhlenberg

16(a) Informant's own signature U.S. Noffsinger

(b) Address Greenville, Ky Route 1

17. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date Sept. 17, 1944

18(a) Signature of funeral director J. Irvin Gray
(b) Address Greenville, Ky.

19(a) 9-18-44 (Date received by local registrar) (b) Marjorie Kelly (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept. 16 1944
21. I hereby certify that I attended the deceased from Sept 16 1944
to Sept 16 1944 that I last saw him alive on Sept 16 1944
and that death occurred on the date stated above at 10:30 P. M.

Immediate cause of death Sen or hope
Due to explosion of laundry stove
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 195 E
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 16 - 1944
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? home
(Specify type of place)

23. Signature Garnett Wilson (M. D. or other) W.D.
Address Greenville Ky Date signed 9/17/44
While at work? yes (e) Manner of injury Explosion laundry stove

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