

Gates 21024

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. \_\_\_\_\_  
Registrar's No. 229

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Mitchell  
(b) City or town Bremen Ky  
(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:  
(a) State Ky (b) County Mitchell  
(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 Jesse Starlin Heflinger  
3(b) If veteran \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_

20. DATE OF DEATH Aug 6 1944  
21. I hereby certify that I attended the deceased from June 1944 to Aug 1 1944 that I last saw him alive on Aug 1 1944 and that death occurred on the date stated above at 8 P M.

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced \_\_\_\_\_  
6(b) Name of husband or wife Sally S. Heflinger  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased Apr 4 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
Immediate cause of death Cancer of bladder or prostate DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 4 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Mitchell Co Ky  
10. Usual occupation farmer  
11. Industry or business \_\_\_\_\_

Major findings:  
Of operations Prostate resected  
Small tumor removed bladder  
Of autopsy \_\_\_\_\_

FATHER { 12. Name Samuel R. Heflinger  
13. Birthplace Mitchell Co Ky  
MOTHER { 14. Maiden name Matilda J. Dwyer  
15. Birthplace Mitchell Co Ky

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 57B-52B  
(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? \_\_\_\_\_ (a) Manner of injury \_\_\_\_\_

16(a) Informant's own signature Mrs. Noble Whitener  
(b) Address Bremen Ky  
17. BURIAL, CREMATION, OR REMOVAL  
Place Cedar Grove Date Aug 8 1944

18(a) Signature of funeral director Walter G. ...  
(b) Address Central City Ky  
19(a) 9-13-1944 (Date received by local registrar) Walter G. ... (Registrar's signature)

19(a) 9-13-1944 (Date received by local registrar) Walter G. ... (Registrar's signature)

19(a) 9-13-1944 (Date received by local registrar) Walter G. ... (Registrar's signature)  
Address Greenville Ky Date signed 9-12-44

MARGIN RESERVED FOR BINDING

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.