Walton 21036
State File No.
Registrar's No. 249

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

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(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 7 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County McLean
(c) City or town Sacramento 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 Charles D. Stringer

3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Male
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 Oct 23-1873 (Month) (Day) (Year)
8. AGE: Years 70 Months 11 Days 5 If less than one day hr. min.
9. Birthplace McLean Co. Ky
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Robert E. Stringer
13. Birthplace Ky
MOTHER 14. Maiden name Sophie M. Lynn
15. Birthplace Ky.
16(a) Informant's own signature V. L. Stringer
(b) Address Central City, Ky.
17. Burial, cremation, or removal Sacramento Date 9-20 1944
18(a) Signature of funeral director Tucker Funeral Home
(b) Address Central City Ky.
19(a) 9-30-1944 (Date received by local registrar) (b) Anna R. Blandford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH 9-18 1944
21. I hereby certify that I attended the deceased from 9-11 1944 to 9-18 1944, that I last saw him alive on 9-18-44, and that death occurred on the date stated above at 5 P. M.

Immediate cause of death Coronary Occlusion | DURATION

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94A
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, on 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

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.