

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. 18187  
Registrar's No. 213Registration District No. 1085 Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Rosewood (Rural)  
(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:

(a) State Ky (b) County Muhlenberg  
(c) City or town Rosewood  
(If outside city or town limits, write RURAL)  
(d) Street No. Rosewood  
(If rural give precinct)(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ yes3(a) FULL NAME J. T. Yants

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex male5. Color or race white6(a) Single, widowed, married,  
divorced married6(b) Name of husband or wife Nancy Yants6(c) Age of husband or wife if alive 64 Years7. Birth date of deceased Aug 12 1895  
(Month) (Day) (Year)8. AGE: Years 70 Months 11 Days 20  
If less than one day hr. \_\_\_\_\_ min.9. Birthplace Muhlenberg, Mo.10. Usual occupation Timber Dealer

11. Industry or business \_\_\_\_\_

FATHER

12. Name A. J. Yants13. Birthplace Ky

MOTHER

14. Maiden name Mary Devine15. Birthplace Ky16(a) Informant's own signature L. A. Yants(b) Address Greenville Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Macedonia Date Aug 5, 194618(a) Signature of funeral director Harry S. ...(b) Address Greenville Ky.19(a) 8-5-46 (Date received by local registrar)  
(b) Marcia Hodge (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 194621. I hereby certify that I attended the deceased from Jan 1 1946  
to Apr 3 1946 that I last saw him alive on  
July 25 1946, and that death occurred on the date  
stated above at 3 A.M.

Immediate cause of death

Coronary thrombosis

DURATION

Due to \_\_\_\_\_

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, on farm, in industrial place, in public  
place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

(c) Means of injury \_\_\_\_\_

23. Signature L. P. ...Address Greenville Ky. Date signed 8/5/46

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.