

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No. 3621  
Registrar's No. 73

Registration District No. 1085 Primary Registration District No. 2436

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Muhlenberg</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u> |   |
| b. CITY (If outside corporate limits, write BUREAL and give township) OR TOWN <u>Greenville</u>  |  | c. LENGTH OF STAY (in this place) <u>01</u>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION) <u>Muhlenberg Community Hosp.</u>  |  | d. STREET ADDRESS (If rural, give location)   |   |
| 3. NAME OF DECEASED (First) <u>Joseph</u> (Middle) <u>Arnold</u> (Last) <u>Combs</u>   |  | 4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1949</u>   |   |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   | 8. DATE OF BIRTH <u>Jan. 6 - 1895</u>   |
| 9. AGE (In years last birthday) <u>54</u>  | If Under Months  | 1 Year If Under Days  | 24 Hrs. If Under Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>   | 11. BIRTHPLACE (State or foreign country) <u>Muhlenberg, Co. Ky</u>   | 12. CITIZEN OF WHAT COUNTRY?  |
| 13. FATHER'S NAME <u>J. E. Combs</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Willie C. Arnold</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   | (If yes, give war or dates of service)   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT <u>John William Combs</u>   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, atheria, etc. It means the disease, injury, or complication which caused death.                                   | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia - Kidney Suppression</u>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>18 days</u>                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Post-operative syndrome</u><br>DUE TO (c) <u>Hypertensive heart</u> |   |   |
| 19a. DATE OF OPERATION   | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Appendicitis acute gangrenous</u>                                   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|  | 19b. MAJOR FINDINGS OF OPERATION<br><u>1-23-49</u><br><u>Diffuse gangrenous appendicitis (not reported)</u>  |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Greenville, Muhlenberg Co., Ky</u>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?<br><u>5500-121</u>   |   |
| 22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>49</u> , to <u>2-10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-10-49</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above. |  |   |   |
| 23a. DATE SIGNED <u>2-11-49</u>  | 23b. ADDRESS <u>Greenville, Ky</u>   | 23c. SIGNATURE <u>J. L. Simpson</u> (Degree or title) <u>MD</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>2-13-49</u>   | 24c. NAME OF CEMETERY OR CREAMATORY <u>Greenview</u>  | 24d. LOCATION (City, town, or county) (State) <u>Greenville, Ky</u>                 |
| 25a. DATE REC'D BY LOCAL REG. <u>3-2-49</u>  | 25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>   | 25c. FUNERAL DIRECTOR <u>Raymond Hodge</u>  | ADDRESS <u>Greenville, Ky</u>   |