

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. 87

Registration District No. 1085 Primary Registration District No. 7507

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town 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 Rural
(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.? _____ years

3(a) FULL NAME Marmon Alton Jains

3(b) If veteran, Name war _____ No. _____
3(c) Social Security No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced _____

5(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased June 23 1934
(Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Chester Jains

13. Birthplace Muhlenberg

MOTHER { 14. Maiden name Margaret DeArmon

15. Birthplace Muhlenberg

16(a) Informant's own signature Neil Cowie

(b) Address Greenwell R-4

17. BURIAL, CREMATION, OR REMOVAL

Place Stephens Date March 19 1942

18(a) Signature of funeral director Parker & Son

(b) Address Greenwell Ky

19(a) 3-21-42 (Date received by local registrar)

(b) Jane Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 19 1942

21. I hereby certify that I attended the deceased from Mar 18 1942
to March 19 1942 that I last saw him alive on
March 19 1942 and that death occurred on the date
stated above at 10:30 P.M.

Immediate cause of death _____

Pneumonia

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? _____ (or) Means of injury _____

23. Signature E. D. Galt (M. D. or other)

Address Greenwell Ky Date signed 3-20-42

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.