

KENTUCKY DEATH RECORDS, 1852-1953

6514
974

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Health Division District No. 025 Primary Registration District No. 7101

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Marion</u></p> <p>(b) City or town <u>Lebanon</u> Rural</p> <p>(c) Name of hospital or institution: _____ <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or institution _____ <small>(Specify months or days)</small></p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Marion</u></p> <p>(c) City or town <u>Lebanon</u> Rural <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. _____ <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A. _____ years</p>	
<p>(3a) FULL NAME <u>George Graves</u></p> <p>(3b) If veteran, _____ (3c) Social Security No. _____</p>		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>March 17, 1945</u></p> <p>21. I hereby certify that I attended the deceased from _____ to _____, that I last saw him alive on _____, and that death occurred on the date stated above on _____ at _____.</p> <p>Immediate cause of death <u>Cerebral stroke</u></p> <p>Due to <u>hit by automobile</u> <u>(This happened)</u></p> <p>Other conditions _____ <small>(Include promptly within 3 months of death)</small></p> <p>Major findings: Of operations <u>1700</u> Of autopsy _____</p>	
<p>4. Sex <u>Male</u> (5) Color or race <u>Negro</u> (6a) Single, widowed, married, divorced <u>Married</u></p> <p>6(b) Name of husband or wife <u>Lillian Buckner</u></p> <p>6(c) Age of husband or wife if alive <u>about 24</u> years</p> <p>7. Birth date of deceased <u>March 17, 1914</u> <small>(Month) (Day) (Year)</small></p>		<p>22. If death was due to external causes, fill in the following: (a) Accident, vehicle, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____ <small>(Specify type of place)</small></p>	
<p>8. AGE: <u>31</u> years <u>1</u> month <u>2</u> days <small>If less than one day min.</small></p> <p>9. Birthplace <u>Kentucky</u></p> <p>10. Usual occupation <u>Farmer</u></p> <p>11. Industry or business _____</p>		<p>While at work? _____ <small>(If nature of injury)</small></p> <p>23. Signature <u>Walter D. ...</u> Address <u>Lebanon, Ky.</u> Date signed <u>3-17-45</u></p>	
<p>12. Name <u>Stuart Graves</u></p> <p>13. Birthplace <u>Kentucky</u></p> <p>14. Maiden name <u>Nora Cessna</u></p> <p>15. Birthplace <u>Ky.</u></p>		<p>16(a) Informant's own signature <u>Lillian Buckner</u></p> <p>(b) Address <u>Lebanon, Kentucky</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>Elegant Union Church Cem.</u> Date <u>3-20, 1945</u></p> <p>18(a) Signature of funeral director <u>W. B. ... COMPANY</u></p> <p>(b) Address <u>LEBANON, KENTUCKY</u></p> <p>19(a) <u>3-18-45</u> (b) <u>Walter D. ...</u> <small>(Date received by local registrar) (Signature of Registrar)</small></p>	

MAJOR RESERVE FOR INDEXING
R. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be correctly spelled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important.

GEORGE GRAVES

DEATH DATE: 17 MAR 1945
 DEATH LOCATION: MARION
 RESIDENCE LOCATION: MARION
 AGE: 31
 GENDER: MALE
 ETHNICITY: BLACK
 BIRTH DATE: 17 MAR 1914
 BIRTH LOCATION: KENTUCKY
 SPOUSE'S NAME: LILLIAN BUCKNER
 SPOUSE'S AGE: 25
 FATHER'S NAME: STUART GRAVES
 FATHER'S BIRTH LOCATION: KENTUCKY
 MOTHER'S NAME: NORA CESSNA
 MOTHER'S BIRTH LOCATION: KENTUCKY

SOURCE INFORMATION: WWW.ANCESTRY.COM DATABASE: KENTUCKY DEATH RECORDS, 1852-1953