

FEDERAL BUREAU OF INVESTIGATION
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.

Registrar's No.

Registration District No.

945

Primary Registration District No.

6911

1. PLACE OF DEATH a. COUNTY <i>McCreary</i>		2. USUAL RESIDENCE (Where deceased lived, if institutional residence before death) a. STATE <i>Kentucky</i> b. COUNTY <i>McCreary</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Greenwood</i>		c. LENGTH OF STAY (In this place) <i>8 yrs.</i>	
d. FULL NAME OF (If in hospital or institution, give street address or institution)		e. CITY (If outside corporate limits, write RURAL and give township) <i>Greenwood, Ky.</i>	
3. NAME OF DECEASED a. (First) <i>Pharitz</i> b. (Middle) <i>J.</i> c. (Last) <i>Freeman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April - 5 - 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 23 1868</i>
9a. USUAL OCCUPATION (Give kind of work. Job during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (State or foreign country) <i>South Carolina</i>
11. FATHER'S NAME <i>Charles Richardson</i>		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service)		14. MOTHER'S MAIDEN NAME <i>Mary Taylor</i>	15. SOCIAL SECURITY NO.
16. CAUSE OF DEATH (Give only one cause on line for lat., 1st, and 2d)		17. INFORMANT <i>Son</i>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, stroke, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Pulmonary</i>		DUE TO (b) _____	
3. MAJOR FINDINGS OF OPERATION		DUE TO (c) <i>Acute decompensation</i>	
18a. ACCIDENT (Specify): SUICIDE HOMICIDE		19. DATE OF OPERATION	
18b. PLACE OF INJURY (e.g., home, work, farm, factory, street, other building)		20. MAJOR FINDINGS OF OPERATION <i>4201-94A</i>	
18c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
18d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		24. DATE SIGNED 25. ADDRESS <i>4-5-49 Louisville, Ky.</i>	
26. DATE REC'D BY <i>4-16-49</i>		27. SIGNATURE <i>W. W. Seale</i>	
28. BUREAU OF VITAL STATISTICS		29. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
30. DATE <i>4-5-49</i>		31. LOCATION (City, town, or county) (State) <i>Greenwood, Ky.</i>	
32. REGISTRAR'S SIGNATURE <i>Wesley Shepherd</i>		33. FUNERAL DIRECTOR <i>Charles of Brown & Stearns, Ky.</i>	