

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.

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

State File No. 11787
Registrar's No. 157

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 245

Primary Registration District No. 6911

1. PLACE OF DEATH: (a) County <u>Meigs</u> (b) City or town <u>Greenwood</u> , <u>Rural</u> (c) Name of hospital or institution: If not in hospital or institution write street number or local address (d) Length of stay in hospital or convalescing <u>24</u> <u>years, months or days</u>	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> , (b) County <u>Meigs</u> (c) City or town <u>Greenwood</u> , <u>Rural</u> <u>Rural</u> (d) Street No. _____ <u>or rural area preferred</u> (e) If foreign born, how long in U. S. A? _____ <u>years</u>
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3(a) FULL NAME Louis Levi Freeman

3(b) If veteran _____ 3(d) Social Security No. _____

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

6(b) Name of husband or wife Ivy Freeman

6(c) Age of husband or wife if alive 75 Years

7. Birth date of deceased November 4 1871
(Month) (Day) (Year)

8. AGE: 74 Years Months 5 Days 3 If less than one day _____ hr.

9. Birthplace Williamsburg, Va.

10. Usual occupation Farmer and Car Maker.

11. Industry or business Caring for Private Property

12. Name John Freeman

13. Birthplace Whitley Co., Ky.

14. Maiden name Martha Adkins

15. Birthplace Ohio Co., Va.

16(a) Informant's own signature George Freeman

(b) Address Greenwood, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Greenwood, Ky. Date 5-12 1946

18(a) Signature of funeral director Archie H. Beaman

(b) Address Greenwood, Kentucky

19(a) 5-16-46 (Date received by local registrar)

(b) Dicie Shepherd (Registrar's signature)

Address Bellevue, Ky

Date signed 5-15-1946

MEDICAL CERTIFICATION

23. DATE OF DEATH May 10 1946

24. I hereby certify that I attended the deceased from May 1 1946

to May 10 1946 that I have seen him alive on

Monday 5/30 P. M. 1946 and that death occurred on the date

stated above at _____

Immediate cause of death _____ DURATION _____

Hypertensive Heart Disease 2-3 yrs.

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? _____ (d) Nature of injury _____

25. Signature J. H. Horton (M. D. or D.V.M.)

Address Bellevue, Ky

Date signed 5-15-1946