

Verda Waller Hankins McCauley - d/o Thomas "Lee" Hankins & Samantha Petty

Registrar of Vital Statistics
Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 2-A
DEPARTMENT OF COMMERCE
Division of the Census

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

State File No. 125
Registrar's No. 19255

Death Certificate District No. 1055 Police Registration District No. 2436

1. PLACE OF DEATH:
(a) County Mitchell
(b) City or town Greenville 149
(c) Name of hospital or institution:
(d) Length of stay: Is hospital or community (specify month or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Mitchell
(c) City or town Personal
(d) Street No. Lawt House
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Verda McCauley
(b) If veteran, Name war No. (c) Social Security No.

4. Sex Female (a) Color or race white (b) Single, widowed, married, divorced, Married

5. Name of husband J. L. McCauley
(a) Age of husband or wife if alive 62
(b) Birth date of deceased Dec 1 1884
(c) Age 57 (Month 5 Day 16) (If less than one day, specify hours, minutes)

6. Birthplace Hankins Co.
7. Usual occupation House wife
8. Industry or business

9. FATHER:
(a) Name J. L. Hankins
(b) Birthplace Hankins Co.

10. MOTHER:
(a) Maiden name Samantha Petty
(b) Birthplace Georgia

11. Informant's own signature Joseph L. McCauley
(b) Address Bearham, Ky.

12. BURIAL, CREMATION, OR REMOVAL
(a) Place Pleasant Hill on May 17 1942
(b) Signature of funeral director Cook & Son
(c) Address Greenville 149

13. (a) Date received by local registrar (b) Registrar's signature

MEDICAL CERTIFICATION
14. DATE OF DEATH May 16 1942
15. I hereby certify that I attended the deceased from Jan 40 to May 16 1942 and that death occurred on the date stated above 2:16 P. M.
Immediate cause of death Chronic Myocarditis DURATION several years
Other condition Chronic Interstitial Nephritis (include pregnancy within 3 months of death)
Major findings:
Of operation /
Of autopsy /

16. If death was due to external causes, fill in the following:
(a) Accident, violence, or homicide (Specify) /
(b) Date of occurrence /
(c) Where did injury occur? / (Specify type of place)
While at work? / (a) Means of injury /

17. Signature J. M. Wilson M.D.
Address Greenville Ky Date signed 5/16/42

MARGIN RESERVED FOR REMARKS:
N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 23rd day of Aug, 1942.