

Registrar of Vital Statistics

Certified Copy



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

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		50 State File No. 20783 Registrar's No. 4468
Registration District No. 755		Primary Registration District No. 2275		
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Ky b. COUNTY Hardin		
b. CITY (If outside corporate limits, write RURAL and give township) Louisville, Ky.		c. CITY (If outside corporate limits, write RURAL and give township) Vine Grove, Ky.		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Anthony's</i>		d. STREET ADDRESS (If rural, give location) 047		
3. NAME OF DECEASED a. (First) Joseph G. Manuel, b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 2nd 1950.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH <i>med 17th</i>	9. AGE (In years, last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Assistant Managing Staff</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME <i>William Manuel</i>		14. MOTHER'S MAIDEN NAME <i>Martha Bohan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Ms Joseph Manuel</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES DUE TO (b) Enlarged Prostate; DUE TO (c) Profuse hemorrhage from Prostate		INTERVAL BETWEEN ONSET AND DEATH 28 days
19a. DATE OF OPERATION 9/18/50		19b. MAJOR FINDINGS OF OPERATION Enlarged Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9/5/1950 to 10/2, 1950 that I last saw the deceased alive on 9/5, 1950, and that death occurred at Noon, from the causes and on the date stated above.				
23a. DATE SIGNED 10-11-50	23b. ADDRESS 618 Brown Bldg., Louisville, Ky.	23c. SIGNATURE <i>D. Frank P. Strickler</i> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 5th 1950.	24c. NAME OF CEMETERY OR CREAMATORY	24d. LOCATION (City, town, or county) (State) Smithfield, Ky.	
25a. DATE REC'D BY LOCAL REG. OCT 19 1950.	25b. REGISTRAR'S SIGNATURE <i>Angela Hendricks</i>	26. FUNERAL DIRECTOR ADDRESS W.A. McCarty, Campbellsburg, Ky.		

9/15/55



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

I, Barbara F. White, State Registrar of Vital Statistics, 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 7th day of July, 1957.

Barbara F. White

Barbara F. White, State Registrar