

Form 7-5-1-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

Male File No. 13258
 Registrar's No. 738

Registration District No. 12.05 Primary Registration District No. 8.001

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH **PERMANENT INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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 in very brief form.

1. PLACE OF DEATH (a) County <u>PULASKI</u> (b) City or town <u>RURAL</u> (c) Name of hospital or institution: <u>ANSEL, KY</u> (d) Length of stay: _____ (If not in hospital or institution write street number or location) (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>KY</u> (b) County <u>PULASKI</u> (c) City or town <u>RURAL</u> (d) Street No. <u>ANSEL</u> (e) If foreign born, how long in U. S. A.? _____ years (If rural give precinct)	
3(a) FULL NAME <u>BEN FRANKLIN PRICE</u> 3(b) If veteran, <u>No</u> 3(c) Social Security _____ Name year _____ No. _____		20. DATE OF DEATH <u>6-8 1948</u> 21. I hereby certify that I attended the deceased from <u>Jan 1 1947</u> <u>to</u> <u>June 8 1948</u> that I last saw him alive on <u>May 20 1948</u> and that death occurred on the date stated above at <u>5:45 A. M.</u> Immediate cause of death <u>Chronic</u> <u>hypertension and</u> <u>Bright's disease</u> Due to _____ Other conditions _____ (Exclude pregnancy within 3 months of death)	
4. Sex <u>MALE</u> 5. Color or race <u>Wh</u> 6(a) Single, widowed, married, divorced _____ 6(b) Name of husband or wife <u>MARYANN T. South</u> 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>MAR 1 1925</u> (Month) (Day) (Year)		8. AGE: Years <u>23</u> Months <u>3</u> Days <u>7</u> If less than one day _____ hr. min.	
9. Birthplace <u>PUL. CO. KY.</u> 10. Usual occupation <u>FARMER</u> 11. Industry or business _____		12. Name <u>GEO. PRICE</u> 13. Birthplace <u>KY.</u> MOTHER 14. Maiden name <u>ZIBBY PRICE PRICE</u> 15. Birthplace <u>KY.</u>	
16(a) Informant's own signature <u>Jesse T. Price</u> (b) Address <u>ANSEL, KY</u>		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)	
17. BURIAL, CREMATION, OR REMOVAL Place <u>SOUTH WINDYBROOK</u> Date <u>6/9 1948</u>		18(a) Signature of funeral director <u>Buried by Family</u> (b) Address <u>ANSEL, KY.</u>	
19(a) <u>6-10-48</u> (Date received by local registrar) (b) Signature <u>William B. Johnson</u> (Registrar's signature)		23. Signature <u>Paul [unclear]</u> (M. D. or other) Address <u>Lawson, Ky</u> Date signed <u>6-10-48</u>	

A.A. WOODLIE