

Ashcraft, Earl William 1926 - 1946

Form V. R. 1-A
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **16354**
Registrar's No. **28**

Registration District **1200** Primary Registration District No. **7971**

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Madison
(c) Name of hospital or institution _____
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Campbell
(c) City or town Stanton
(If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. T. _____ year

3(a) FULL NAME Earl Williams Ashcraft
3(b) If veteran **3(c) Social Security** 844-16-8024
Name sex Male **5. Color or race** White **6(a) Single, widowed, married, divorced** Married

4. Date of death June 1 1946
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased March 31 1926
(Month) (Day) (Year)

8. AGE: 20 Years 9 Months 1 Days If less than one day hr. min.
9. Birthplace Clark Co
10. Usual occupation Laborer
11. Industry or business _____

FATHER
12. Name Jalen Ashcraft
13. Birthplace Estill Co.

MOTHER
14. Maiden name Pauline Waplington
15. Birthplace Estill Co.

16(a) Informant's own signature Charles Ashcraft
(b) Address 916 Walnut St Stanton Ky

17. BURIAL, CREMATION, OR REMOVAL
Interment June 4 1946

18(a) Signature of funeral director J. H. Johnson
(b) Address Stanton Ky

19(a) Date received by local registrar July 2 1946 **(b) Registrar's signature** W. H. Johnson

20. DATE OF DEATH June 1 1946
21. I hereby certify that I attended the deceased from June 1 1946
to June 1 1946 **that I last saw him alive or** _____ **and that death occurred on the date** _____ **stated above at** 11:00 P. M.

Immediate cause of death accidental drowning **DURATION** _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external cause, 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? _____ **(a) Means of injury** _____

23. Signature S. J. Scribner, M. D. **(M. D. or other)** _____
Address Stanton, Ky **Date signed** 8/2/46

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.