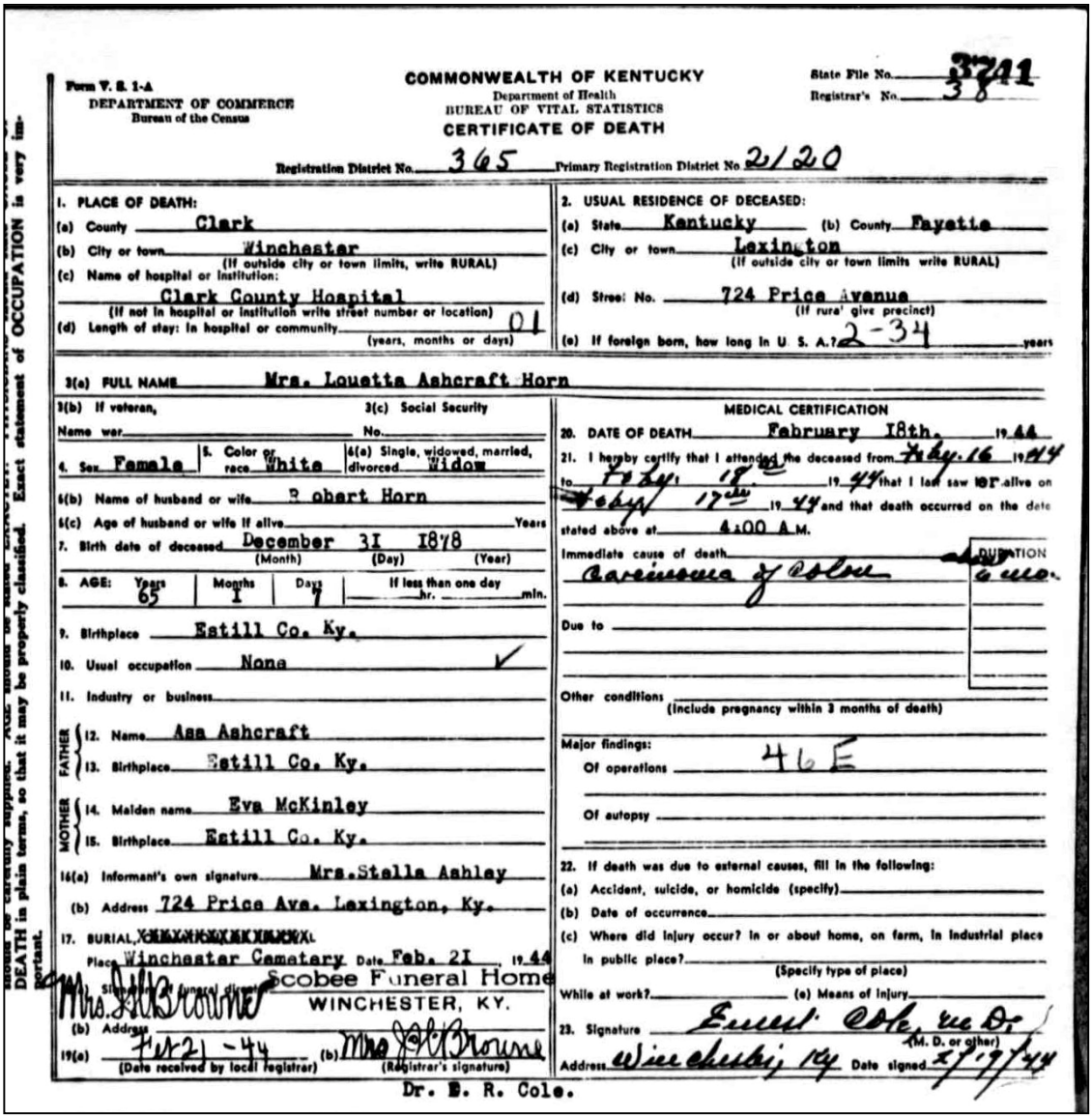

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. 3741
Registrar's No. 38

Registration District No. 365 Primary Registration District No. 2120

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Winchester (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Clark County Hospital (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 01 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Fayette
(c) City or town Lexington (If outside city or town limits write RURAL)
(d) Street No. 724 Price Avenue (If rural give precinct)
(e) If foreign born, how long in U. S. A.? 2-34 years

3(a) FULL NAME Mrs. Louetta Ashcraft Horn
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Female
5. Color or race White
6(a) Single, widowed, married, divorced Widow
6(b) Name of husband or wife Robert Horn
6(c) Age of husband or wife if alive Years
7. Birth date of deceased December 31 1878 (Month) (Day) (Year)
8. AGE: Years 65 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Estill Co. Ky.
10. Usual occupation None
11. Industry or business
FATHER 12. Name Asa Ashcraft
13. Birthplace Estill Co. Ky.
MOTHER 14. Maiden name Eva McKinley
15. Birthplace Estill Co. Ky.
16(a) Informant's own signature Mrs. Stella Ashley
(b) Address 724 Price Ave. Lexington, Ky.
17. BURIAL, [illegible]
Place Winchester Cemetery Date Feb. 21 1944
Signature of funeral director Scobee Funeral Home
WINCHESTER, KY.
(b) Address
19(a) Feb 21-44 (Date received by local registrar) (b) Mrs J. R. Browne (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH February 18th. 1944
21. I hereby certify that I attended the deceased from Feby. 16 1944 to Feby. 18th 1944 that I last saw her alive on Feby. 17th 1944 and that death occurred on the date stated above at 4:00 A.M.
Immediate cause of death Carcinoma of Colon — DURATION 6 mos.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 46 E
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? (a) Means of injury
23. Signature Ernest Cole, me Dr (M. D. or other)
Address Winchester, Ky Date signed 2/19/44

DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im-

Dr. E. R. Cole.