

Sharfe, Kenneth Bryan 1941 - 1944

Form V. B. 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. 11229  
Registrar's No. 11229

Registration District No. 535 Primary Registration District No. 2180

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Frankfort  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or institution write street number or location  
509 Marshall  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Franklin  
(c) City or town Frankfort  
(d) Street No. 509 Marshall  
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Kenneth Bryan Sharfe  
3(b) If veteran, Name war No. Social Security No.

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced

6(b) Name of husband or wife  
6(c) Age of husband or wife if alive  
7. Birth date of deceased Sept 28 1941  
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Franklin Co Ky  
10. Usual occupation  
11. Industry or business

FATHER { 12. Name Ollie James Sharfee  
13. Birthplace Franklin Co Ky

MOTHER { 14. Maiden name Ida Pearl Tipton  
15. Birthplace Shelby Co Ky

16(a) Informant's own signature Ollie James Sharfee  
(b) Address Frankfort Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Frankfort Cem Date May 10 1944

18(a) Signature of funeral director Rogers F. Boone  
(b) Address Frankfort Ky

19(a) May 23 1944 (Date received by local registrar) (b) W. M. P. Malone (Registrar's signature)

20. DATE OF DEATH May 8 1944  
21. I hereby certify that I attended the deceased from April 1 - 1944 to May 8 - 1944 that I last saw him alive on May 8 - 1944 and that death occurred on the date stated above at 6 P M.  
Immediate cause of death myocarditis DURATION  
Due to Streptococcus infection of throat  
Other conditions none (Include pregnancy within 3 months of death)

Major findings: 115B-91C  
Of operations  
Of autopsy C

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) C  
(b) Date of occurrence C  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? C (a) Means of injury

23. Signature W. M. P. Malone (M. D. or other)  
Address Frankfort Ky Date signed 9/25

Exact statement of OCCUPATION is very important. Do not leave blank. Do not use "unemployed" unless properly classified.