

Sharfe, Ruth Jean 1929 - 1947

Form V. S. 1-4  
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

Dr. Coblin  
State No. 12340  
Registrar's No. 135

Registration District No. 535 Primary Registration District No. 2180

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Jane  
(c) Name of hospital or institution:  
(If outside city or town limits, write RURAL)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Franklin  
(c) City or town Frankfort  
(If outside city or town limits, write RURAL)  
(d) Street No. 509 Marshall  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ yrs

3(a) FULL NAME Ruth Jean Sharfe  
3(b) If veteran, \_\_\_\_\_ Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Single  
6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased December 19, 1929  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Frankfort, Ky.  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

FATHER  
12. Name Ollie J. Sharfe  
13. Birthplace Franklin Co. Ky.

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

16(a) Informant's own signature Ruth Sharfe  
(b) Address Frankfort, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Frankfort Cemetery Date June 12, 1947  
18(a) Signature of funeral director Robert H. Hensel  
(b) Address Frankfort, Ky.

19(a) 6/12/47 (Date received by local Registrar) David B. Campbell (Registrar's signature)

20. DATE OF DEATH June 4 1947  
21. I hereby certify that I attended the deceased from May 10 1947  
to June 9 1947 that I last saw him alive on June 9 1947 and that death occurred on the date stated above at \_\_\_\_\_ M.  
Immediate cause of death Disseminated Lupus DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Pneumonia (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 12-58E  
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? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_

23. Signature AM Coblin (M. D. or other)  
Address Frankfort Ky. Date signed 6-7-47