


1. PLACE OF DEATH a. COUNTY Wise		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant MUSEX	
b. CITY OR TOWN (If outside city limits, give precinct no.) Bridgeport, Texas		c. CITY OR TOWN (If outside city limits, give precinct no.) Bedford, Texas	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Bridgeport Hospital		d. STREET ADDRESS (If rural, give location) 812 Bryan Dr. Bedford Texas	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First Kenneth (b) Middle Eugene (c) Last Sears		4. DATE OF DEATH July - 17 - 1968	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July-6-1917
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rock Island Rail Road		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Sears		14. MOTHER'S MAIDEN NAME Hazel Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Stella Sears			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 Hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) REC'D AUG 5 1968
20c. TIME OF INJURY Hour a.m. p.m.	Month Day Year	BUREAU OF VITAL STATISTICS	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I hereby certify that I attended the deceased from July 17 1968 to July 17 1968 and last saw the deceased alive on July 17 1968 . Death occurred at 4:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE 		(Degree or title) KW	22b. ADDRESS 1301 Halsell Bridgeport, Tex.
22c. DATE SIGNED 7-19-68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July-17-1968	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) Fort Worth Tarrant Texas		24. FUNERAL DIRECTOR'S SIGNATURE B. E. Hankins	
25a. REGISTRAR'S FILE NO. 953		25b. DATE REC'D BY LOCAL REGISTRAR 7-27-1968	25c. REGISTRAR'S SIGNATURE W. E. Hembree J.P.