

CERTIFICATE OF DEATH

Dist. No. 1319

To be inserted by registrar

Registered No.

56

1 PLACE OF DEATH: STATE OF NEW YORK

County Dutchess
 Town Castle Point
 Village - -
 City - - D-1 Ward

No. Veterans Administration Hospital St.
 (If a hospital or institution give the NAME instead of street and number)

Length of stay:

In hospital or institution 4 yrs. 9 mos. 16 days
 In town, village or city - yrs. - mos. - days

2 USUAL RESIDENCE OF DECEASED:

If an institution, give place of residence prior to admission.

State Kentucky
 County Jefferson
 Town - -
 Village or City Louisville
 No. 306 Clarence Avenue St.
 Is residence within limits of (if not incorporated village)? City

3a Citizen of foreign country (alien)? NO (Yes or no)
 If yes, name country - -

3 Full Name (Print) DURNING, Richard K., G-1 254 883, Seaman 21c, U. S. Navy

4 (a) Social Security No. Unknown
 4 (b) If Veteran, Name War. W-1

5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Single

8 If MARRIED, WIDOWED OR DIVORCED, Name of Husband Single Age if alive - yrs.

9 DATE OF BIRTH (month, day, year) October 10, 1894

10 AGE years Months Days IF LESS than 1 day, hrs. or min.
53 11 13

11 Usual occupation Salesman12 Industry or business Unknown13 BIRTHPLACE (City or Town) Louisville
(State or Country) Kentucky14 NAME William J. Durning15 BIRTHPLACE (City or Town) Louisville
(State or Country) Kentucky16 MAIDEN NAME Myra Flood17 BIRTHPLACE (City or Town) Jeffersville
(State or Country) Indiana18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature Richard K. DurningAddress VAH, Castle Point, New York19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisville, Kentucky DATE OF BURIAL September 28, 194820 UNDERTAKER OR PERSON IN CHARGE (Signature) John J. Walsh
ADDRESS 2 Church St. New York, N.Y.UNDERTAKER'S License No. 565221 Date received 7-23-1948
Garleton Bates, M.D., Manager
Signature of Registrar or SupervisorBurial or Transit Permit issued by Richard K. Durning, Registrar
VAH, Castle Point, New York

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) September 23, 1948
 23 I HEREBY CERTIFY, That I attended deceased from December 7, 1943, to September 23, 1948
 Last saw him alive on September 23, 1948

To the best of my knowledge, death occurred on the date stated above, at 6:15 a.m.

Immediate cause of death Tuberculosis, pulmonary, chronic

Due to - -Due to - -

Other conditions (Include pregnancy within 9 months of death)

Major findings of operations

Date

Of autopsy same as clinical findingsWhat laboratory test was made? X-ray, clinical & sputum

24 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? - - (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) - - (Village at work)
 (e) Means of transport Auto

25 Signature John K. Deegan, Clinical Director
VAH, Castle Point, N.Y. Date 7-23-48

DURATION OF CONDITION		
Yrs.	Mos.	Dys.

PHYSICIAN Underline the date to which death should be charged.

Date of issue 7-23-48