

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT

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. 19490  
Registrar's No. 4204

Registration District No. 155 Primary Registration District No. 9275

1. PLACE OF DEATH: (a) County Jefferson  
 (b) City or town Louisville  
 (c) Name of hospital or institution: Louisville General Hosp.  
 (d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Kentucky (b) County Jefferson  
 (c) City or town Camp Taylor Louisville  
 (d) Street No. 1509 Lincoln Ave.  
 (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Walter C. Wise

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Dorothy Miller

6(c) Age of husband or wife if alive 31 Years

7. Birth date of deceased July 20, 1909  
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bullitt Co. Ky.

10. Usual occupation Patrolemans

11. Industry or business Jefferson Co. Police

12. Name B. C. Wise  
Hardin Co. Ky.

MEDICAL CERTIFICATION  
20. DATE OF DEATH Sept. 19, 1946

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_ that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date stated above at 5:15 P. M.

Immediate cause of death Fractured skull fractured Rt. shoulder, left wrist & thumb  
Due to motorcycle accident fell from same while driving on highway near Appleton Rd. Jefferson Ky  
Other conditions 9/19/46  
(Include pregnancy within 3 months of death)

Major findings:

Exact as printed on forms, so that it may be properly classified. Important.

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced, Married

6(b) Name of husband or wife Dorothy Miller

6(c) Age of husband or wife if alive 31 Years

7. Birth date of deceased July 20, 1909  
(Month) (Day) (Year)

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9. Birthplace Bullitt Co. Ky.

10. Usual occupation Patrolemans

11. Industry or business Jefferson Co. Police

FATHER { 12. Name B. C. Wise  
13. Birthplace Hardin Co. Ky.

MOTHER { 14. Maiden name Lizzie McKinney  
15. Birthplace Harrison Co. Ind.

16(a) Informant's own signature Dorothy Wise  
(b) Address 1509 Lincoln Ave. Camp Taylor, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Evergreen Date Sept. 21, 1946

18(a) Signature of funeral director MC Daniel Brass  
(b) Address 4339 Park Blvd. Louisville, Kentucky

19(a) 1946 SEP 23 (Date received by local registrar)  
[Signature] (Registrar's signature)

20. DATE OF DEATH \_\_\_\_\_ 19\_\_

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_  
to \_\_\_\_\_ 19\_\_ that I last saw him alive on \_\_\_\_\_ 19\_\_ and that death occurred on the date stated above at 5:15 P. M.

Immediate cause of death Fractured Skull Fractured Rt. Shoulder Left Wrist & Fingers DURATION  
Due to motorcycle accident fell from same while driving on highway near Asplewood Rd. Jeff Co. Ky.

Other conditions 9/19/46 (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 9/19/46  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? Highway near Asplewood Rd. Jefferson Co. Ky. (Specify type of place)  
While at work? Yes (e) Means of injury Fell from motor-

23. Signature [Signature]  
Address Local Court Bldg Date signed 9/23/46