

Form V. S. 1-A

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

State File No. 7621Registrar's No. 1777Registration District No. 755Primary Registration District No. 6101

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Jefferson</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisville</b> <u>23</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>						
d. FULL NAME OF (If not in hospital or institution, give street address or institution) HOSPITAL OR INSTITUTION <b>Nichols V. A. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Valley Station R # 2</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHESTER</b>			b. (Middle) <b>W.</b>			c. (Last) <b>KORFHAGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 3, 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 19, 1903</b>		9. AGE (In years last birthday) <b>45</b>	If Under Months <b>8</b>	1 Year Days <b>15</b>	If Under Hours <b></b>	24 Hrs. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Co. Policeman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>6</b>		11. BIRTHPLACE (State or foreign country) <b>Jefferson Co., Ky.</b>			12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <b>Frederick Korfhage</b>						14. MOTHER'S MAIDEN NAME <b>Adeline Schaaf</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>401-14-5979</b>			17. INFORMANT <b>Mrs. Jospheine Korfhage</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Blunt + Abdomen</b>										
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto Accident on Auto on Dixie Highway near Watson Lane</b> DUE TO (c) <b>4/2/49</b>										
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death										

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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>bruised chest + abdomen</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto Accdt W Auto on Dixie Highway near Watson Lane</b> DUE TO (c) <b>4/3/49</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>8164-1702</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accdt.</b>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.) <b>Dixie Highway near</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Tommodale Jeff Ky.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4/3/49 8:20 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Place car was in turn from to left &amp; attempted to go north when struck by Auto going north</b>			
22. I hereby certify that I attended the deceased from <u>10</u> to <u>12</u> , that I last saw the deceased alive on <u>10</u> and that death occurred at <u>10</u> m., from the causes and on the date stated above.							
23a. DATE SIGNED <b>4/8/49</b>		23b. ADDRESS <b>600 Royal Court Bldg Louisville, Ky</b>		23c. SIGNATURE <b>Dr. Paul S. Osborne, M.D.</b> (Degree or title) <i>Dr. Paul S. Osborne, M.D. Chief Deputy Coroner</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 6, 1949</b>		24c. NAME OF CEMETERY OR CREAMATORY <b>Resthaven Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Louisville, Ky.</b>	
25a. DATE REC'D BY LOCAL REG.		25b. REGISTRAR'S SIGNATURE <b>Reginald M. Hardy</b>		25c. FUNERAL DIRECTOR <b>Ph. Hardy</b>		ADDRESS <b>Shively, Ky.</b>	

APR 13 1949

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