

*Mamie*

*Jessie Stites*  
22461  
Register's No. *5772*

Form V. R. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. *22461* Primary Registration District No. *22461*

1. PLACE OF DEATH:  
(a) County *Jefferson*  
(b) City or town *Louisville*  
(c) Name of hospital or institution *Ky. Baptist Hospital*  
(d) Length of stay in hospital or community *11* (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Kentucky* (b) County *Hart*  
(c) City or town *Warrenton*  
(d) Street No. *147* (If rural give precinct)  
(e) If foreign born, how long in U. S. A. *1941* YEAR

3(a) FULL NAME *Mrs. Mamie Hubbard Carden*  
3(b) If veteran, Name war No. 3(c) Social Security No. *22461*

4. Sex *Female* 5. Color or race *White* 6(a) Single, widowed, married, divorced *Widowed*  
(b) Name of husband or wife *Cap Carter R Carden*  
(c) Age of husband or wife if alive *71* Years  
7. Birth date of deceased (Month) (Day) (Year) *6 6 1870*

8. AGE: Years Months Days If less than one day *66* yrs. mo. da.

9. Birthplace *Hart co. Ky*

10. Usual occupation *Housewife*

11. Industry or business *None*

12. Name of father *Geo Garland Hubbard*  
13. Birthplace *Ky*

14. Maiden name of mother *Katherine M Elroy*  
15. Birthplace *Ky*

16(a) Informant's own signature *Mrs. James Middleton*  
(b) Address *San Angelo Tex*

17. BURIAL, CREMATION, OR REMOVAL  
Place *Memorials, Ky* *Sept. 11, 1941*

18(a) Signature of funeral director *Herbert Orville*  
(b) Address *2428 Frankfort Ave.*  
19(a) *SEP 12 1941* (Data received by local registrar) (b) *925* (c) *9/10/41* Date signed

20. DATE OF DEATH *Sept 10 1941*

21. I hereby certify that I attended the deceased from *8-24 1941* to *9/10 1941*, that I last saw him alive on *9/9 1941*, and that death occurred on the date stated above at *12:10 P. M.*

Immediate cause of death *Pyonephrosis - Bilat.*  
Due to *Stasis Bileal*

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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 plant or public place? (Specify type of place)

Willie of work (a) Means of injury  
22. Signature *James R. Stites* (M. D. or other)  
Address *925* Date signed *9/10/41*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.