

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. **232** Registered No. **56**

0230

18122

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|---|--|---|--|---|--|--|--|
| PLACE OF DEATH a. COUNTY CULPEPER | | b. MAGISTERIAL DISTRICT CEDAR MT. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE GEORGIA b. COUNTY ALBANY | | | |
| c. CITY OR TOWN MITCHELLS | | d. IS PLACE OF DEATH INSIDE CITY OR TOWN LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | c. CITY OR TOWN ALBANY | | d. IS RESIDENCE INSIDE CITY OR TOWN LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| e. HOSPITAL OR INSTITUTION NONE | | f. LENGTH OF STAY | | 8. STREET ADDRESS (If rural, give mailing address) PINECREST DR. | | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|---|--|---|--|--|
| NAME OF DECEASED Type or Print a. (First) WILLIAM b. (Middle) F. c. (Last) MCAPFER | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 8, 1958 | | |
| SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 7, 1907 | | 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10. KIND OF BUSINESS OR INDUSTRY FARM IMP. | | 11. BIRTHPLACE (State or foreign country) GEORGIA | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. MOTHER'S MAIDEN NAME KATHERINE SALTER | | | 17. INFORMANT'S SIGNATURE LILLIAN MCAFEE | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH sudden |
| IMMEDIATE CAUSE (a) <i>Body Dispersing Impact</i> | DUE TO (b) <i>airplane accident</i> | |
| DUE TO (c) <i>866</i> | | |
| 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 checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" 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.) <i>Severe Plane Impact threw body against</i> | |
| 20c. TIME OF INJURY Hour, Month, Day, Year <i>8:40 p.m. 7-8-58</i> | <i>ground through plane beneath part of fuselage.</i> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>near Va State of 655</i> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Witchells, Albany Co., Va.</i> |

21. I attended the deceased from a medical examiner or other qualified person.
Which occurred at **8:40 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

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| SIGNATURE <i>D. H. Bennett M.D.</i> | 22b. ADDRESS <i>Culpeper Va</i> | 22c. DATE SIGNED <i>7/8/58</i> |
| 23a. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETERY | 23d. LOCATION (City, town or county) (State) ALBANY, GEORGIA | |
| 23b. DATE JULY 10, 1958 | 29. FUNERAL DIRECTOR'S SIGNATURE CLORE FUNERAL HOME | ADDRESS CULPEPER, VIRGINIA |

FILED BY LOCAL REG. REGISTRAR'S SIGNATURE
July 1958 Rept. Mrs. A. B. Griffith