

LEBU JAN 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43105

Do not use this space.

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1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 970
(c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 4 Bth Freddie Eugene Cole
(a) Residence, No. Shell Knob, Missouri St. Shell Knob Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1938
7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
✓ 0 3 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as saw mill, bank, etc. Baby
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell Knob, Missouri
13. NAME Charles Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swart, Missouri
15. MAIDEN NAME Georgia Plummer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell Knob, Missouri
17. INFORMANT (ADDRESS) Charles Cole
Shell Knob, Missouri
18. BURIAL, CREMATION, OR REMOVAL Mo
PLACE Shell Knob DATE Dec. 15, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thome
Springfield, Mo.
20. FILED Dec 15 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12, 14, 38, 19, to 12, 15, 38, 19, I last saw him alive on 12, 14, 38, 19, Death is said to have occurred on the date stated above, at 2³⁰ A.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia, Lobar
12, 10, 38 Date of onset 1938
Other contributory causes of importance: 108
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. Smuck, M. D.
Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Was not embalmed