

REC'D JUN 15 1939

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

Shiner
19416
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 653
(b) Township Franklin Primary Registration District No. 5864
(c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Pauline Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co

13. NAME Frank Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Marvella King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. H. Cole
Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Culp Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Smith
Carpenterville, Mo.

20. FILED 6/5 1939 Mrs. Pearl Kelley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-39

22. I HEREBY CERTIFY, That I attended deceased from 4-21- 1939, to 5-5- 1939
I last saw him alive on 4-26- 1939. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
ht. Hemiplegia
50 in

Other contributory causes of importance:
Atherosclerosis
Arteriosclerosis Hypertension
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? S & S Was there an autopsy? no

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? no
If so, specify _____
(Signed) Ashley _____, M. D.
(Address) Hayti, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 39-374

Date Filed 6/10/39

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.