REG'D SEP 8 1939

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

29450
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township or (c) City Webb City
Registration District No. 417
Primary Registration District No. 3021
Registered No. 67
(d) Street No. 215 CHURCH 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 Lessley Gene Cole
(a) Residence, No. 215 Church St.
(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 (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 15 1939
7. AGE: Years 0 Months 5 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Child
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): Gallup New Mexico

FATHER
13. NAME: Isaac Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webb City Mo

MOTHER
15. MAIDEN NAME: Evelyn Bridgewater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Queenbury Mo.

17. INFORMANT (ADDRESS): Evelyn Cole Webb City
18. BURIAL, CREMATION, OR REMOVAL PLACE: Webb City Cem DATE: Aug 17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Webb City Und Co. Webb City Mo
20. FILED: AUG. 16 39 19 R. L. Lutton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1939 to Aug 15 1939
I last saw him alive on Aug 15 1939 3:30 P.M. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute illness colitis	8/13/39

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) R. M. Stormont, M. D.
(Address) Webb City Mo

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(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH STRONG INK. THIS IS A PERMANENT RECORD.

X15605

RECEIVED
District Health Officer No. 6,
District File Number 939-1761
Date Filed SEP 5 1939

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 myself,

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922,

P. O. Address Webb City, Mo.

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

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