

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34917**  
Registrar's No. **3892**

Registration District No. **299**

Primary Registration District No. **1002**

**NOV 14 1939**

1. PLACE OF DEATH:  
**Jackson**  
(a) County  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **4119 Holmes St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)  
In this community **20 years**

3. (a) PRINT FULL NAME **Joseph Cote**  
3. (b) If veteran, **No** name war  
3. (c) Social Security No. **Retired 1930**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna T. Cote** of husband or wife if alive **70** years  
7. Birth date of deceased **Dec 19, 1864**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **19** If less than one day hr. min.

9. Birthplace **Windsor County, Ver.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired tire dealer**

11. Industry or business **Charles Cote**

MOTHER FATHER { 12. Name **Canada**

13. Birthplace **Canada**

14. Maiden name **Emile Parichette** (State or foreign country)

15. Birthplace **Canada** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Anna T Cote**  
(b) Address **4119 Holmes St**

17. (a) **Burial** (b) Date thereof **10-10-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Calvary**

(c) Place: burial or cremation **Thomas E. Quirk**

18. (a) Signature of funeral director  
(b) Address **4316 Troost Ave**

19. (a) **10/9/39** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4119 Holmes St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **----** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **Oct**  
**1939** year **9.30** hour **A.M.** minute **M.**

21. I hereby certify that I attended the deceased from **12-1-38**  
to **10-8-39**, 19 **8**, 19 **39**  
that I last saw him alive on **10-7-39**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
Duration **93E**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. 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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **[Signature]** (M. D. or other) **[Signature]**  
Address **[Signature]** Date signed \_\_\_\_\_

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.

APR 12 1963  
APR 21 1963

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

*James E. Jewell*

Licensed Embalmer No.

3775

P. O. Address

*R. C. Jewell*

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.