

McNeil

NOV 24 1939

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

36874
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 2 Primary Registration District No. 3032 Registered No. 304
 (c) City Sedalia (d) Street No. 1523 East Bway St.
 (If death occurred in Hospital or Institution, give 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 ELIZABETH BENGLEY COLE
 (a) Residence, No. 1523 E Bway 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES COLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1867

7. AGE YEARS 72 MONTHS 2 DAYS 11 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. at Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Charles Dubois 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
 15. MAIDEN NAME Anna Do not know last name
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Charles Doves Bengley Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 10-26-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia Mo

20. FILED 10-26-1939 Yvonne Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Oct 24 1939
 Last saw h. alive on Oct 24 1939. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:
Chronic myp. cordis Date of onset 12
121
 Other contributory causes of importance: Chronic nephritis 12
Ischemic heart disease
 Name of operation none Date of 12
 What test confirmed diagnosis Chrom Was there an autopsy? 14

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? h 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. h

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Chas McNeil M. D.
Yvonne Harry Sneed (Address) 906

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. 8,
District File Number
Date Filed 11/7/59

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 Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.