JAN 16 1940

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

44003
Do not use this space.

1. PLACE OF DEATH

(a) County Marion — Registration District No. 547

(b) Township or Mason — Primary Registration District No. 3029 — Registered No. 344

(c) City Hannibal — (d) Street No. Levering 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Cole

(a) Residence, No. 909 Fulton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	4	24	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockbridge Illinois

FATHER
13. NAME David Cole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County Illinois

MOTHER
15. MAIDEN NAME Mary Whitlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Josephine Cole 909 Fulton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE 12/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home Hannibal Missouri

20. FILED Dec 19 1939 W. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/39, 19

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to 12-18-39, 19
I last saw him alive on 12-17, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Flutter

Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation no 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? no 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) [signature], M. D.
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.
50M-9-19-38
I X16605

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 J.J.Mersh L.E.3932, Registered Apprentice No., working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Mo

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.