S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1940

State File No. 7346

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 66

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether

In this community 1 Day years, months or days)

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. Sophian Plaza Apts. 46th & Warwick Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Edward Ewing Cole 400

3. (b) If veteran, name war None

3. (c) Social Security No. 486-03-4457

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Emily Barzen Cole

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January (Month) 1 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	14	hr. min.

9. Birthplace Edwardsville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Field Representative

11. Industry or business U.S. Epperson Underwriting Co.

FATHER
12. Name Granville M. Cole
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Jessie Ewing
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant M Granville Cole

(b) Address 1310 E 15 Oklahoma City Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem. Kansas City, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address Kansas City, Missouri

19. (a) 2/20/40 (Date received local registrar) (b) N. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th year 1940 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from Feb 14, 1940, to Feb 15, 1940 that I last saw him alive on Feb 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	8 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94B

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Hannibal Mo Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070.

P. O. Address K. C. 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.