

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

**8471**  
Do not use this space.

APR 16 1940

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 871  
 (b) Township Osage Primary Registration District No. 6155 Registered No. 4  
 (c) City Horton (d) Street No. Horton, Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Joseph Cole  
 (a) Residence, No. Horton, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 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) Unknown / Indiana

FATHER 13. NAME Alonzo Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Indiana

MOTHER 15. MAIDEN NAME Martha Colhilla

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Iva McAllister / Horton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballou's Cemetery DATE Feb 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) First Funeral Home / Nevada, Mo.

20. FILED 229 1940 Thelma Wilson Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 2-17-40  
Chronic Hypertensive Heart Disease  
 Other contributory causes of importance:  
Chronic Hypertensive Heart Disease

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Typical 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Thelma Wilson, M. D.  
 (Address) Nevada, Mo.

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. 33  
 30M-9-19-38  
 I X1665

RECEIVED  
District Health Officer No. 1,  
3-5-42  
District File Number  
Date Filed

**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 Personally  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd R. Winsett  
Licensed Embalmer No. 3857  
P. O. Address Nevada, 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.**