

JAN 25 1941 372
Registration District No.Primary Registration District No. 4218Registrar's No. 1057

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community _____
years, months or days) _____

8. (a) PRINT

FULL NAME Willa Helena Cole

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 10th, 1852
(Month) (Day) (Year)8. AGE: Years 88 Months 4 Days 16 If less than one day
hr. _____ min. _____9. Birthplace Keetsville Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name William J. Smith13. Birthplace Lexington Ky.
(City, town, or county) (State or foreign country)14. Maiden name Tora Crane
15. Birthplace Denmark
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Burtha Cole(b) Address Mound City, Mo.17. (a) Burial (b) Date thereof 12/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director H. G. Gaudard(b) Address Mound City, Mo.19. (a) Dec 29/40 (b) J. C. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
Mound City(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th,
year 1940 hour 9 minute 05 pm M.21. I hereby certify that I attended the deceased from Jan 20 - 1937
19____, to Dec 26, 19____;that I last saw her alive on Dec 26 - 40, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Uraemia
Chronic Nephritis

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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?

333 While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Jas. C. H. H. (M. D. or other) _____
Address Mound City, Mo. Date signed 12/29/40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

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..... *A. Crawford*.....
Licensed Embalmer No. *1824*.....
P. O. Address *Mound City, 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.