

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43168

REG JAN 20 1940  
Registration District No. 547

Primary Registration District No. 3029

State File No.

Registrar's No. 342

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 Residence 412 North Sixth  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Franklin Cole

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Kidd Cole

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

7. Birth date of deceased November 8, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80		27	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business XX

MOTHER FATHER

12. Name John Cole

13. Birthplace Pike County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Burke

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Cole

(b) Address 412 North Sixth

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Dec. 7, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway

19. (a) Dec 5-1940  
(Date received local registrar)

(b) H. C. Fisher  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")

(d) Street No. 412 North Sixth  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5  
year 1940 hour 2 minute 17 A. M.

21. I hereby certify that I attended the deceased from Nov 26  
\_\_\_\_\_, 1940, to Dec 5, 1940  
that I last saw him alive on Dec 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Functional Heart Disease

Duration 2 weeks

Due to Arteriosclerosis 2 yrs.

Due to \_\_\_\_\_

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 400

While at work? 400  
(Specify type of place) (e) Means of injury.

23. Signature E. R. M. Miley (M. D. or other) \_\_\_\_\_

Address Hannibal, Mo. Date signed 12/5-40

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

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**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.....

*James A. Moles*

Licensed Embalmer No. *3296*

P. O. Address.....

**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, fact should be so stated above.**

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