

No. 2  
4-13-40  
5-17-39  
P-1 X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6980**  
Registrar's No. **174**

Registration District No. **318**  
Primary Registration District No. **2001**

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Johns Hospital**  
(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 **WARREN G. COLE**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **none**

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Ronie Sue Cole**  
6. (c) Age of husband or wife if alive **19** years  
7. Birth date of deceased **Oct. 28 1920**  
(Month) (Day) (Year)

8. AGE: Years **20** Months **3** Days **28**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wild Cherry Ark**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **" for P.B. Walker & Son**

MOTHER FATHER  
12. Name **James C. Cole**  
13. Birthplace **Atlas Texas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ruth Watherson**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Union Ark**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ronie Sue Cole**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)  
(b) Date thereof **Feb 28 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Wild Cherry Ark**

18. (a) Signature of funeral director **W. A. Ringler**  
(b) Address **Springfield, Mo.**

19. **2-26-41** (Date received local registrar)  
**D. W. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1155 W. Brown**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **26**  
year **1941** hour **7** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from **September 13**, 19**40**, to **Feb 26**, 19**41**;  
that I last saw him alive on **Feb 26**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Osteomyelitis of Pelvic Bone & Rupture Bladder**  
Due to **Fracture Pelvis & Rupture Bladder**  
Due to **(Classification of Accident Unknown)**  
Other conditions **(Include pregnancy within 3 months of death)**  
**Unknown**

Major findings: **Subperitoneal Rupture of Bladder**  
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) **Accident**  
(b) Date of occurrence **Sept 12 1940**  
(c) Where did injury occur **Unknown Place? Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**9 11 Unknown**  
(Specify type of place) (e) Means of injury **Unknown**  
While at work? \_\_\_\_\_  
23. Signature **Edward W. Wason** (M. D.)  
Address **Thousand Hill Springfield** Date signed **2/27/41**

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 *William Max Abode*

Licensed Embalmer No. *407*

P. O. Address *Springfield*

**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.**