

DEPARTMENT OF COMMERCE

BUREAU OF CENSUS

APR 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10560

Registrar's No. 38

Registration District No. 1075

Primary Registration District No. 5381

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Rural Lincoln
(c) Name of hospital or institution: 1

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

- (d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 77 years
years, months or days

3. (a) PRINT FULL NAME William Martin Cole

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

alive _____ years

7. Birth date of deceased Nov. 4 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 21 hr. _____ min.

9. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name George Cole

13. Birthplace D.C.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Stewart

15. Birthplace Frank Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Cole

(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof Feb 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yentry

18. (a) Signature of funeral director Demeter Bollen

(b) Address Ava Mo.

19. 3-29 1941 (b) Edna King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas

(c) City or town rural
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1941 hour 7 minute 55 PM

21. I hereby certify that I attended the deceased from Feb 15
1941, to March 25, 1941;

that I last saw him alive on March 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death T. line

Due to Paralysis agitante

Due to _____

Other conditions _____
(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? 976

(Specify type of place) (a) Means of injury 2

23. Signature Dr. P. P. Trilac (M. D. or other) Dr.

Address Ava Mo. Date signed _____

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

RECEIVED

District Health Officer No. 6;

District File Number 441-498

Date Filed APR 2 1941

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.