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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13315

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1296

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1420 East 30 th Street 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 2 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1420 East 30th Street 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr Alphonsus J. COLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Sophia Cole

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April (Month) 15 th (Day) 1859 (Year)

8. AGE: Years 81 Months 11 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

FATHER
12. Name Samuel Cole
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Marrina Back
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Sophia Cole, Wife
(b) Address 1420 East 30th St. K. C. MO

17. (a) Removal (~~Burial, cremation~~, or removal) (b) Date thereof 4-2-1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Chicago Illinois.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) Apr 2, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 st year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 3 d 1941, to April 1 1941; that I last saw him alive on March 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to ✓

Due to ✓

Other conditions Senility 94 D
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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

23. Signature Paul F. Slookey (M. D. or other)
Address Argyle Bldg K.C. Date signed 3-2-41

(Licensed Embalmer's Statement on Reverse Side)

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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address..... KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.