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

TMENT OF COMMERCE
UREAU OF THE CENSUS
AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24687

Registration District No. 104 Primary Registration District No. 5153 Registrar's No. 206

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Fulton Tw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community 54 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 070 0

(c) City or town Bluffton Mo (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GROVER CLEVLAND COLE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race white

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

6. (b) Name of ~~husband~~ or wife Maggie Cole

6. (c) Age of ~~husband~~ or wife if alive 54 years

7. Birth date of deceased May (Month) 16 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	2	14	hr. min.

9. Birthplace Montgomery Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thay Cole
13. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phenie Thompson
15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grover Cole
(b) Address Bluffton Mo

17. (a) Burial 41 (Burial, cremation, or removal) (b) Date thereof Aug 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director J A Marlow
(b) Address Montgomery City Mo

19. (a) Aug 1, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 1 minute P M.

21. I hereby certify that I attended the deceased from July 28 1941 to July 30 1941; that I last saw him alive on July 30 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilation of Right Heart with Pulmonary Edema	4 hrs
Due to Fatty Degeneration of Heart & Liver	years
Due to	
Other conditions Anemia (Include pregnancy within 3 months of death)	years

Major findings:
Of operations 93 H

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. T. Andersen (M. D. or other) M.D.

Address Montgomery City Mo. Date signed 8/1/41

(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.....

working under my personal supervision.

Signed Joseph a Mar

Licensed Embalmer No. 3658

P. O. Address Montgomery Ala

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

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

. No. 2B
—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24687

Registration District No. 104 Primary Registration District No. 5153 Registrar's No. 206

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural
(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 Died in ambulance (Specify whether in way to Callaway hospital from Montgomery Co.)

In this community 5 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Bluffton Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grover C. Cole

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept. 13, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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)

(b) 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 (M. D. or other)

Address Date signed