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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26417

Registration District No. 863 Primary Registration District No. 6137 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: TEXAS
(b) City or town: HOUSTON PINEY T (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) In this community: 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: TEXAS 107
(c) City or town: HOUSTON (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARTHA LOUISA COLE
3. (b) If veteran, name war:
3. (c) Social Security No. NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 9 (Day) 1869 (Year)

8. AGE: Years 71 Months 10 Days 29 If less than one day hr. min.

9. Birthplace: MONTAUK (City, town, or county) MO (State or foreign country)
10. Usual occupation: DRESSMAKER
11. Industry or business:
FATHER 12. Name: DAVID COLE
13. Birthplace: MO (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: POLLY SPRINGER
15. Birthplace: TENN. (City, town, or county) (State or foreign country)
16. (a) Informant: R. C. WOODWARD
(b) Address: TULSA, OKLA.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation: COLE
18. (a) Signature of funeral director: Gaylord U. Elliott
(b) Address: Houston, Mo
19. (a) 6/10/41 (Date received local registrar) (b) Mabel Shackelett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8 1941 year 11 hour 25 minute P.M.
21. I hereby certify that I attended the deceased from MAY 19, 1941, to JUNE 8, 1941, that I last saw her alive on JUNE 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL APOPLEXY — Duration
Due to: SENILITY
Due to: ~~[illegible]~~
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury:
23. Signature: L. M. Dillman (M. D. or other) M.D.
Address: HOUSTON, MO. Date signed 6-10.

911 (Licensed Embalmer's Statement on Reverse Side)

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

...ticer No. 5,
...ce File Number 7411772
Date Filed

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo.

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.