

No. 2
1-4-41
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2506**

FILED FEB 13 1942
Registration District No. **4028**

Primary Registration District No. **3020**

Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
1026 Orner /
(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 **16 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Carthage** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **1026 Orner** **3**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **George William. Cole**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Hilda Englund** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **August 5 1853**
(Month) (Day) (Year)

8. AGE: Years **88** Months **5** Days **17** If less than one day -- hr. --- min.

9. Birthplace **Spokane / Washington**
(City, town, or county) (State or foreign country)

10. Usual occupation **Marine Engineer (Retired)**

11. Industry or business **None**

12. Name **W. W. Cole**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hilda Cole**

(b) Address **1026 Orner**

17. (a) **Burial** (b) Date thereof **January 24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 S. Garrison, Carthage**

19. (a) **Jan. 22, 1942** (b) **E. J. Mc Intire, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **21**
year **1942** hour **10:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Jan 21** 19 **42** to **Jan 21** 19 **42**
that I last saw him alive on **Jan 21** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Biliary calculi - Gall stone colic - shock - circulatory failure - death.** **4 1/2 years**

Due to _____

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death) **126**

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **H. E. Smith** (M. D. or other)

Address **Carthage Mo.** Date signed **Jan 22-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-1-223

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..... *John Penneby*
Licensed Embalmer No..... *4194*
P. O. Address..... *Carthage Mo*

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.