

REC'D MAR 5 1932

Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 649

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether
 In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1111 East 14th Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rev. Kidd Cole
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 11
 year 1942 hour 4 minute 28 A.M.

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Abbie Cole
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased October 11, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 29, 1942 to Feb. 11, 1942
 that I last saw him alive on Feb. 11, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 4 Days 0
 If less than one day _____ hr. _____ min.

Immediate cause of death Acute Pulmonary Edema

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

Due to Uremia

10. Usual occupation Cook

Due to Chronic Glomerulo-nephritis

11. Industry or business _____

Other conditions Benign Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

12. Name West Canemore

Major findings: 131 B

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

14. Maiden name Bell Canemore

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

16. (a) Informant Abbie Cole

(b) Address 1111 East 14th St.

17. (a) burial (b) Date thereof 2/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director Mathins Bros.

(b) Address 1729 Lydia

19. (a) 2/16/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) _____
 Means of injury _____

23. Signature Rayce B. Fleming (M. D. or other) _____

Address 210 Lincoln Bldg. Date signed 2/13/42

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

MOTHER FATHER

R. Fleming

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 Isaac J. Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.