DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 5855

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: BOONE

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

(c) Name of hospital or institution: 3 So. Williams 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: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 1 2

(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 So. Williams 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: James B. Cole

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Martha

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

7. Birth date of deceased: 3 (Month) 12 (Day) 1856 (Year)

8. AGE: Years 85 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Washington Co. (City, town, or county) Va. 1 (State or foreign country)

10. Usual occupation: Doctor

11. Industry or business .....

FATHER

12. Name: James L. Cole 1

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

MOTHER

14. Maiden name: Elizabeth Patterson 1

15. Birthplace: (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant: Redmond Cole

(b) Address: Tulsa Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Cem.

18. (a) Signature of funeral director: Terbush

(b) Address: Columbia Mo.

19. (a) 1/10/42 (Date received by local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9 year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 20 1941 to Jan 9 1942 that I last saw him alive on 1-9- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration 2 days

Due to: Bronchial Pneumonia 2 wks

Due to .....

Other conditions (Include pregnancy within 3 months of death): 107

Major findings:
Of operations: None

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: None

(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? No (Specify type of place) (e) Means of injury .....

23. Signature: W. R. Wyant (M. D. or other) M. D.

Address: Columbia Mo. Date signed 1-10-42

74

(Licensed Embalmer's Statement on Reverse Side)

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

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 Tom McHarg

Licensed Embalmer No. 4867

P. O. Address Columbia, M

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

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

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21-41
X29288

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. 5855

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(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 James B. 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 Mar (Month) 12 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9	27	hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

MOTHER
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) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 9
year 1942 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: Uremia Poisson	
Due to Following Pneumonia	
Due to No Nephritis	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. ~~or other~~)
Address Columbia Mo Date signed 4-7-42

SUPPLEMENTARY

S-5855