

JUL 17 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2610

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: General Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6-11-42-6-25-42
 (Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1205 Michigan 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 11
 If yes, name country.....

3. (a) PRINT FULL NAME CHESTER COLE

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 720

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Cole
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Julia Ann
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 7 6 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

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

(b) Address 2000 E. 62th

19. (a) 7-8-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 11 1942 to June 25 1942
 that I last saw him alive on June 25 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Confluent Broncho-pneumonia Duration _____

Due to Chronic Glomerular Nephritis with hypertensive type heart disease

Other conditions 131 B
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Same as above 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) Means of injury _____

23. Signature J. C. Brown (M. D. or other) _____
 Address Gen. Hosp. #2-601 E. 62 Date signed 6-26-42

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.....

Edw. Evans

Licensed Embalmer No. *3836*

P. O. Address.....

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.