No. 2
4-13-40
5-17-39
I X23159

MENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24298

State File No.

Registration District No. 317 — Primary Registration District No. 4192 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: About 2 hrs. (Specify whether years, months or days)
In this community: About 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Republic
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: IRA B. COLE
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Dont know
6. (c) Age of husband or wife if alive: Dont know years
7. Birth date of deceased: Dont know (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Dont know 73			hr. min.

9. Birthplace: Dont know (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Gardener
11. Industry or business:
FATHER
12. Name: Dont know
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dont know
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen Cem. Republic Mo.
18. (a) Signature of funeral director: R. E. Thurman Und. Co.
(b) Address: Republic, Mo.
19. (a) July 6-42 (Date received by local registrar) (b) Florence Britton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 3, 1942, to July 3, 1942, that I last saw him alive on July 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 da.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

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: James R. Amos (M. D. or other)
Address: Springfield, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

984

mail g. 8-25
Dr. W. Handley

RECEIVED
Greene County Health Office,
County File Number 42-8-72
Date Filed 8/8/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

V. S. No. 2B
0M—8-21-41
I 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. 24298

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 498-A

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Co. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community ~~45 yrs~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Republic
(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 Ira 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 O

6. (b) Name of husband or wife

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

7. Birth date of deceased Dh (Month) Dh (Day) (Year)

8. AGE: Years 73 Months Days If less than one day ... hr. ... min.

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

10. Usual occupation Truck Gardener

11. Industry or business

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

MOTHER FATHER
14. Maiden name
15. Birthplace Dark Know (City, town, or county) (State or foreign country)

16. (a) Informant County Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem - Republic Mo.

18. (a) Signature of funeral director R. E. Thurman and Co
(b) Address Republic Mo.

19. (a) July 6, 42 (Date received local registrar) (b) Dr. W. E. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour ... minute 40 M.

21. I hereby certify that I attended the deceased from July 3 1942 to July 3 1942 that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 da
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	83a

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)
(e) While at work? (e) Means of injury

23. Signature James R Amos (M.D. or other)
Address Springfield, Mo. Date signed

SUPPLEMENTARY