

S. No. 2
M-5-42
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29375

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3460

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

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:
437 West 34th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 17 Years
In this community 17 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. 437 West 34th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ---

3. (a) PRINT Mr. George Elmer Cole
FULL NAME
(b) If veteran, name war. No
(c) Social Security No. 494-12-8156

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Emma Cole
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 13 hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business W. P. A.

MOTHER FATHER { 12. Name Unknown Cole
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Cole
(b) Address 437 West 34th Street Terrace

17. (a) Burial (b) Date thereof Sept. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Memorial Park Cemetery

18. (a) Signature of funeral director D. M. Newsome's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/23/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 42 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Arrival 1942
that I last saw him alive on --- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio and Chronic Hypertension
with rupture of brain
Basilar hemorrhage
Due to arterio and chronic hypertension
Due to arterio and chronic hypertension
Other conditions ---
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations ---
Of autopsy See above

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)
(e) Means of injury ---
23. Signature George Elmer Cole (M. P. or other)
Address --- Date signed ---

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 Emily M. Calhoun
Licensed Embalmer No. 3506
P. O. Address T. C. 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.