

FILED NOV 19 1942

Registration District No. 45

Primary Registration District No. 3047

Registrar's No. 124

73
203
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale-Boman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hrs.
In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Town Ship (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ina May Cole

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Cole 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 6 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 17 hr. min.

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

10. Usual occupation House Wife.

11. Industry or business

12. Name Alexander Franklin Lankford

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

14. Maiden name Sarah E. Keller

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

16. (a) Informant Rosecoe Lankford

(b) Address Seneca, Mo. R.F.D. # 1.

17. (a) burial (b) Date thereof 10 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Methodist Cemetery

18. (a) Signature of funeral director W. B. Buzzard

(b) Address Seneca, Mo.

19. (a) 11-4-1942 (b) Charles Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 11 minute AM P. M.

21. I hereby certify that I attended the deceased from October 22, 1942 to October 23, 1942, that I last saw her alive on Oct. 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the neck and chest.

Due to Originating in the neck, think it originated in tonsil

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) (e) Means of injury

23. Signature Ina May Cole (M. D. or other)
Address Neosho, Mo. Date signed 10-24

RECEIVED

District Health Officer No. 6,

District File Number 1142-1442

Date Filed NOV 16 1942

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 James W. Buzzard
Licensed Embalmer No. 4215
P. O. Address Seneca, 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.