

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4218 East 12th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 Yrs.
In this community 70 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4218 East 12th.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hugh Hamilton Cole

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

4. Sex male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, wid. Divorced wid.

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

7. Birth date of deceased June 11 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 24 hr. min.

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

10. Usual occupation Retired Mail carrier

11. Industry or business

12. Name Alec Cole

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

14. Maiden name Laura Price

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

16. (a) Informant Mrs. Pearl Cole Harville
(b) Address 4218 E. 12th. st. K.C.Mo.

17. (a) Burial (b) Date thereof 1-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 1-6-43 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 - 43
year 1943 hour 6:20 minute M.

21. I hereby certify that I attended the deceased from Nov. 1939 to Jan 4 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Infant Insufficiency Duration

Due to Neurylea Price

Due to Serivity gdp

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations no
Of autopsy no
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) no
(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 John George (M. D. or other)
Address 265 S. 1st St. K.C. Mo. Date signed 1-5-43

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

MOTHER FATHER

