

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 8 1943

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Desloge
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 77 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Desloge, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lynn Cole
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 24
 year 1943 hour 5 minute 30 AM.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Amanda Cole
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased July 29 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-22 1943 to 1-24 1943
 that I last saw him alive on 1-23 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Relational Broncho-pneumia
 Duration 3d
 Due to _____
 Due to _____

9. Birthplace Bonne Terre Missouri
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Chronic alcoholism, arterio sclerosis
 PHYSICIAN _____

10. Usual occupation common labor

MOTHER FATHER
 11. Industry or business _____
 12. Name William Cole
 13. Birthplace Unknown, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Vandiver
 15. Birthplace Unknown, Missouri
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Amanda Cole
 (b) Address Desloge, Mo.

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?

17. (a) Burial (b) Date thereof Jan. 26, 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Franklay, Mo.

18. (a) Signature of funeral director E. J. Boyer
 (b) Address Desloge, Missouri

While at work? _____ (Specify type of place)
 Means of injury _____

19. (a) Jan 26 1943 (b) T. Byndie T. Burkmaster
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address Desloge, Mo. Date signed 1-26-43

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

RECEIVED

District Health Officer No. 4
District File Number 243-1689
Date Filed 2-5-43

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 C. J. Boyer

Licensed Embalmer No. 1671 DeLoyle M.O.

P. O. Address DeLoyle M.O.

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.