

ED MAY 13 1943

Registration District No. 157

Primary Registration District No. 3028

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 311 River St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 1 Year & 18 Days
 years, months or days)

3. (a) PRINT FULL NAME ROGER LEON COLE
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 27, 1948
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 1 0 18 .hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {
 12. Name Oliss Cole
 13. Birthplace Aurora, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Beverly June Pinkerton
 15. Birthplace Marshall, Okla.
 (City, town, or county) (State or foreign country)

16. (a) Informant Oliss Cole
 (b) Address 311 River St. Carthage, Mo.
 17. (a) Burial (b) Date thereof 4-15-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
 (b) Address 1208 Garrison, Carthage, Mo.
 19. (a) April 15 1943 (b) Elizabeth Coulman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage (If outside city or town limits, write "RURAL") 3
 (d) Street No. 311 River St. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, year 1943 hour 1:40 minute A. M.
 21. I hereby certify that I attended the deceased from Apr. 9 1943 to Apr 14 1943
 that I last saw h. alive on Apr 13 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobes pneumonia
 Duration 14 days

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 106

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 R. V. Webster (M. D.)
 Address Carthage, Mo. Date signed Apr 15 1943

48-4-398

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.....

E. D. Miller

Licensed Embalmer No.....

2222

P. O. Address.....

Carthage

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.