. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15242

State File No.

FILED MAY 7 1943

Registration District No. 516 — Primary Registration District No. 6076 — Registrar's No. 2573

94
0
0

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Farmington, RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 9 mo 16 das (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 94

(a) State: Missouri (b) County: Butler Co 0

(c) City or town: Poplar Bluff Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Unknown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: NANNIE COLE

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: James W. Cole

6. (c) Age of husband or wife if alive: Dead years

7. Birth date of deceased: Unk. (Month) Unk. (Day) 1860 (Year)

8. AGE: Years: About 83 Months: Days: If less than one day: hr. min.

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

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: William Lewis
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Gallarger
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Records State Hospital No 4
(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Paxton, Ill

18. (a) Signature of funeral director: Lamb Funeral Home
(b) Address: Paxton, Ill

19. (a) April 10-1943 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

1144

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from September 10th, 1942 to March 13, 1943; that I last saw her alive on March 13, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arteriosclerosis	20 mo.
Due to: Senile Psychosis	20 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No Autopsy	

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

23. Signature: Otto N. Schudde M.D. (M. D. or other)
State Hospital, Farmington, Mo. Date signed 3-14-43

RECEIVED

District Health Officer No. 4

District File Number 543-213

Date Filed 5-5-43

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 me, Registered Apprentice No.

working under my personal supervision.

Signed C. A. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.