

FILED JUL 13 1943
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1608 Linwood, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 41 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lilburn Robinson Cole

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

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

6. (b) Name of husband or wife Estelle Cole 6. (c) Age of husband or wife if alive 54 59 years

7. Birth date of deceased May 6 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Bank

12. Informant William Pettis Cole

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

14. Resident name Lula McGee

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

16. (a) Informant Mrs. Estelle Cole,
(b) Address 1508 Linwood, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-28-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1508 Linwood,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1943 hour 4:30 minute a. M.

21. I hereby certify that I attended the deceased from June 28 1943, to June 28 1943; that I last saw him alive on June 28 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 4 hrs

Due to arteriosclerosis 94a

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of 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? _____

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

23. Signature P. E. Brown (M. D. or other) Address 907 Waldheim Bldg Date signed 6-28-43

MOTHER FATHER
Estelle Cole
William Pettis Cole

NOV 12 1940

Dr. S. J. T. Davis,
Waldheim Bldg.

2 - P.M.

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.....

.....
Licensed Embalmer No. 1415

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson SS.

State File No. _____
Local Registrar's No. 2864

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of July, 1943, before me appears _____
Mrs. Estelle Cole, who, upon her oath, states that the original record of ~~birth~~ death
for Lelburn R. Cole, died June 28, 1943, in the State of
Missouri, and which was filed at KO. on 6-28, 1943, should be corrected as follows:

- Item No. 6 C should read 59 years
Instead of 54 years
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
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Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Estelle L. Cole Self
Relationship.

3623 Michigan
Present Address

Subscribed and sworn to before me this 15th day of July, 1943

My Commission expires MAY 3 1944 Lura M. Whalen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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