

7. S. No. 2
OM-5-42
Rev. 5-17-39
1 X 55

23769

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3070**

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

FILED AUG 6 1943 149

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson Co. Mo.**

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

(c) Name of hospital or institution: **St. Lukes Hospital K.C. Mo.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Days**
(Specify whether years, months or days)

In this community **12 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **89**

(a) State **Mo.** (b) County **Ray**

(c) City or town **Richmond 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 **U.S.A.**

3. (a) PRINT FULL NAME **Joseph E Cole**

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

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

6. (b) Name of husband or wife **Anna Cole** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Mar 9 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Carroll Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **David A Cole**

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

14. Maiden name **Esther Riggs**

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

16. (a) Informant **Mrs. Joe E. Cole**

(b) Address **Richmond Mo.**

17. (a) **Burial** (b) Date thereof **7-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hardin Mo.**

18. (a) Signature of funeral director **J. B. Brothers**

(b) Address **Richmond Mo.**

19. (a) **7-13-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **13** year **1943** hour **10 PM** minute **1** M.

21. I hereby certify that I attended the deceased from **July 2** 19**43** to **July 13** 19**43** that I last saw him alive on **July 13** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic coronary disease**

Due to **Generalized arteriosclerosis**

Due to **94a**

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

Major findings: Of operations _____

Of autopsy **Arteriosclerotic coronary disease with myocardial fibrosis**

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 **M. L. Jones M.D.** (M. D. or other) _____

Address **St. Lukes Hospital** Date signed **7-14-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Brother's Funeral Home

Signed.....

J. B. Roberts

Licensed Embalmer No. *2001*

P. O. Address. *Baltimore Md.*

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.