S. No. 2
M—2-43
5-17-39
1 X35697

70
6
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29000

State File No.

SEP 7 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State Mo. (b) County Pettis 6

(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 926 ½ S Ky.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter James Cole

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Maude

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

7. Birth date of deceased July 10 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business M.O.P Shops

FATHER
12. Name John Cole
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Newman
15. Birthplace Sedalia Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Dick
(b) Address Sedalia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 23 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 8/21/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION 19

20. DATE OF DEATH: Month Aug day 19th
year 1943 hour 3 minute 10 P M.

21. I hereby certify that I attended the deceased from Aug 8th, 1943 to Aug 18th, 1943
that I last saw him alive on Aug 18th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	7 days
Due to Rupture Gangrenous Appendix	
Due to	11 days
Other conditions (Include pregnancy within 3 months of death)	

12/11

Major findings:
Of operations As stated

Of autopsy No - See other side

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) No

(b) Date of occurrence

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
(Specify type of place)

While at work? (e) Means of injury

23. Signature Jno B. Carlisle M.D. (M. D. or other)

Address Sedalia Mo Date signed 8-21-43

(Licensed Embalmer's Statement on Reverse Side)

This was a patient of Dr D P Dyer who is away on his vacation - I assisted with the operation and treated him when Dr Dyer left.

Dr Carlisle
8-21-43

RECEIVED
District Health Officer No. 8
District File Number 7-3-43
Date Filed

OCT 18 194

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.