

FILED JAN 19 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5623**

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 days**
(Specify whether)

In this community **unk**
years, months or days

3. (a) PRINT FULL NAME **Harry Cole**

3. (b) If veteran, name war **unk**

3. (c) Social Security No. **unk**

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 **18** years

7. Birth date of deceased **Sept 12, 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	6	unk min.

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

10. Usual occupation **Janitor Work**

11. Industry or business

12. Name **Mr. Cole**

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

14. Maiden name **unk**

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

16. (a) Informant **Reedley Clark**

(b) Address **150 E. Gen. Street**

17. (a) **Removal** (b) Date thereof **12/31/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KC Dental College**

18. (a) Signature of funeral director **unk**

(b) Address **unk**

19. (a) **Dec 30, 1943** (b) **unk**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. **2635 Prospect**
(If rural, give location)

(e) Citizen of foreign country? **unk** (Yes or No)
If yes, name country **unk**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**
year **1943** hour **6** minute **20** A.M.

21. I hereby certify that I attended the deceased from **November 30, 1943** to **December 18, 1943**
that I last saw him alive on **December 18, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver** Duration

Due to

Due to **12481**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature **Henry R. Thorn** (M. D. or other)

Address **Med. Dir. Gen'l Hosp.** Date **12-18-43**

PHYSICIAN Underline the cause to which death should be charged statistically.

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

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.....

Roy E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

KC 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.