

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7412

State File No. _____

FILED MAR 1 1944

Registration District No. _____

Primary Registration District No. 3127

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Booneville

(c) Name of hospital or institution: 605 Route 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Booneville

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

(d) Street No. 605 Route 1 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles P. Cole

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Cole

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 16 1892

(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 2

If less than one day _____ hr. _____ min.

9. Birthplace Booneville, Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Independent Travel

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ 9

(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lee

(City, town, or county) (State or foreign country)

15. Birthplace Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Florence Giles

(b) Address 605 N. Route 1, Booneville, Mo

17. (a) Burial (b) Date thereof Feb 21 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mildred Cemetery, Booneville, Mo

18. (a) Signature of funeral director W. H. Giles

(b) Address Booneville, Mo

19. (a) Feb 22 1944 (b) Mrs. Dillie Lyle

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1944 hour 3 50 minute 0 M.

21. I hereby certify that I attended the deceased from April 8 1943 to Feb 18 1944

that I last saw him alive on Feb 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 13 1/2

(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) (e) Means of injury 2

23. Signature W. H. Giles (M. D. or other) _____

Address Booneville, Mo Date signed 2/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-2-231

JAN 21 1957

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.