

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1944
Registration District No. 1002

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16960
State File No. _____
Registrar's No. 2325

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-27-44-5-28-44
(Specify whether
In this community 35 years
years, months or days)

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. 2507 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK COLE
3. (b) If veteran, name war None
3. (c) Social Security No. 486-03-9330

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1944 hour 5:40 minute P. M.
21. I hereby certify that I attended the deceased from April 27, 1944, to May 28, 1944

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Cole 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 17 1893
(Month) (Day) (Year)

that I last saw him alive on May 28, 1944; and that death occurred on the date and hour stated above.
Immediate cause of death Papilloma of Bladder (Unoperative)
Malignant

8. AGE: Years 60 Months 9 Days 21
If less than one day _____ hr. _____ min.

Duration _____
Due to _____
Due to 525
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Liberty No. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Unempl. Dock Man
11. Industry or business L. C. Worth Commission Co.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 12. Name James Cole
13. Birthplace Liberty Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Lewis
15. Birthplace Liberty No. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) burial (b) Date thereof 6/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Hathkins Bros.
(b) Address 1729 Lydia
19. (a) 5-31-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (e) Means of injury 0
23. Signature N. E. Brown (M. D. or other) _____
Address New Hope #2 605 E 22 St Date signed 5/31/44

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

J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.