

S. No. 2
8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18842

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 137

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

1. PLACE OF DEATH: PETTIS
 (a) County PETTIS
 (b) City or town SEDALIA
 (c) Name of hospital or institution: BOTHWELL
 (d) Length of stay: In hospital or institution 14 HOURS
 In this community 14 HOURS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County Benton
 (c) City or town Windsor Rural
 (d) Street No. _____
 (e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JANE LOUISE COLE
 3. (b) If veteran, NO, name war _____
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 15
 year 1944 hour 1 o'clock minute P AM.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced NO
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 4/15-1944 to 4/15-1944
 that I last saw her alive on 4/15-1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 2 1940
 (Month) (Day) (Year)

Immediate cause of death Burn
 Duration 4 hr. ago.

8. AGE: Years 4 Months _____ Days 13
 If less than one day _____ hr. _____ min.

Due to accident got in fire
 Due to from heat stove

9. Birthplace Warsaw Missouri
 (City, town, or county) (State or foreign country)

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

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name Chester M.S. Cole
 { 13. Birthplace Warsaw Mo.
 { 14. Maiden name Margaret Doris Fugerson
 { 15. Birthplace Warsaw Mo.

Major findings: 18/1
 Of operations _____
 Of autopsy 15

16. (a) Informant Mrs. G.H. Cole
 (b) Address Warsaw R.F.D. # 1

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 4-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Accident, suicide, or homicide (specify) accident
 (d) Date of occurrence 94

(c) Place: burial or cremation Sunny Side Rural

(c) Where did injury occur? Windsor Henry Mo
 (City or town) (County) (State)

18. (a) Signature of funeral director J. B. Caffery
 (b) Address Lincoln Mo
 19. (a) 4-16-44 (b) Mrs. Anna Berger
 (Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - on farm
 (Specify type of place) (e) Means of injury _____
 While at work? _____

23. Signature W.P. Oger (M. D. or other)
 Address Sedalia Mo Date signed 4/15/44

RECEIVED

District Health Officer No. 8,

Subject File Number

Date Filed

5-5-44

MAY 13 1944

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 me

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

Signed J. B. Calbert

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.