

FILED JUL 20 1944

Registration District No. 120

Primary Registration District No. 5522

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Liberal, Lawrence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co Home for aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yrs, 10 mo 26 da
(Specify whether years, months or days)
In this community 49 yrs 5

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Independence, R#4
(If outside city or town limits, write "RURAL")
(d) Street No. J. C. Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

J. EARL COLE

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 7 years (Day) (Year)

7. Birth date of deceased Sept 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>4</u>	hr. mfn.

9. Birthplace Bonner Springs, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Geo S Cole

13. Birthplace Bonner Springs, Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Adrian Hunter Brown

15. Birthplace Adrian, Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr May Namer

(b) Address 510 W Liberty, Independence

17. (a) Burial (b) Date thereof 6-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ground home July

18. (a) Signature of funeral director Geo Carson

(b) Address Independence, Mo

19. (a) June 19, 1944 (b) F. W. Schuchert, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1944 hour 3.30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to June 18, 1944
that I last saw him alive on June 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myo carditis

Due to...
Due to...

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations...
Of autopsy...
PHYSICIAN

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) (c) Means of injury.....

23. Signature J. W. Green (M. D. or other)
Address Independence, Mo Date signed 7/9/44

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

1162

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..... *H. B. Langford*

Licensed Embalmer No. *2833*

P. O. Address *Geo Summit*

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.