DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34002

Registration District No. 73 | Primary Registration District No. 5291 | Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Rural Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: Route #2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN B. 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: Married
6. (b) Name of husband or wife: Nannie Bandy Cole
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Aug. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 73 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace: Farley (City, town, or county) Platte Co. Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: farming
MOTHER FATHER
12. Name: John R. Cole
13. Birthplace: (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Martha Ford
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: George R. Cole
(b) Address: R. #2 Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Liberty Mo.
18. (a) Signature of funeral director: Church-Cochran Co.
(b) Address: Liberty, Mo.
19. (a) Oct 15-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1944 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from Spring 1943 to Oct 14, 1944 that I last saw him alive on Oct 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiovascular-renal disease	Several years
Due to: Hypertension	
Due to:	
Other conditions: 0 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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

22. If death was due to external causes, fill in the following: 0
(a) Accident, suicide, or homicide (specify): 0
(b) Date of occurrence: 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? 0 (Specify type of place)
While at work? 0 (e) Means of injury: 0
23. Signature: Wm. H. Gladson (M. D. or other) MD
Address: Liberty Mo. Date signed 10-15-44

(Licensed Embalmer's Statement on Reverse Side)

926

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 11-8-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.