

FILED DEC 8 1944

State File No. \_\_\_\_\_

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town LEBANON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WALLACE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 MONTHS  
(Specify whether  
In this community ALWAYS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE  
(c) City or town LEBANON  
(If outside city or town limits, write "RURAL")  
(d) Street No. DILWORTH ROAD  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ANNAH COLE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife D.N. COLE 6. (c) Age of husband or wife if alive 15 years  
7. Birth date of deceased MAR 15 1855  
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co. TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ELIAS WORLEY  
13. Birthplace TENN  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUVINA GRACE  
15. Birthplace TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Duncan

(b) Address Lebanon, Mo.

17. (a) BURIAL (b) Date thereof 11/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Dec-1-44 (b) Grace Raper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-8-1944 to 11-22-1944  
that I last saw her alive on 11-22-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Myocardial degeneration?  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

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 \_\_\_\_\_

23. Signature R. E. Hanel (M. D. or other) MD

Address Lebanon Mo Date signed 11-24-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Received .....

Laclede County Health Unit

File No. 11: 44-153 .....

Date Filed 12/2/44 .....

NOV 25 1945

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 Allyn Dethlefsen Brooke

Licensed Embalmer No. 4333

P. O. Address Liamon 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.