

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38166

State File No.

FILED NOV 20 1944
Registration District No.

Primary Registration District No. 4275

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Methodist Home
(If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Howell ⁴⁶

(c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Samuel W. Cole

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) State, widowed, married, divorced Widowed

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb. 28th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 6 13 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.

MOTHER FATHER {

12. Name William Cole

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Westover

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

16. (a) Informant Walton Cole

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 8/15 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View, Mo

18. (a) Signature of funeral director John G. Mann

(b) Address Mountain View, Mo

19. (a) 8-14-44 (b) Eunice Greenley
(Date received local registrar) (Registrar's signature) 4 m

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1944 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on after death and that death occurred on the date and hour stated above.

Immediate cause of death.....

Heart attack

Due to.....

Due to..... ⁴
950

Other conditions.....
(Includes pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

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 3

23. Signatures John G. Mann Eunice Greenley
Address Pleasant City Mo Date signed 8-17-44

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

RECEIVED

District Health Officer No. 8,

District File Number 1144-1164

Date Filed NOV 14 1944

George F. Cole

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 *Herman M. Surridge*

Licensed Embalmer No. 3072

P. O. Address *Aurora 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.