

FILED DEC 21 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
802 E. Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 802 E. Harrison  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Henry Cole

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Marv Cole 6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased May 7 1851  
(Month) (Day) (Year)

8. AGE: Years 93 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Henry Cole  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Eleanor Burkhead  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Carner  
(b) Address Kirkville, Mo  
17. (a) Burial (b) Date thereof 12/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director Spencer L. Freeman  
(b) Address Kirkville, Mo.  
19. (a) 12-18-44 (b) Mrs. J. L. Wayman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1944 hour 5:00 minute A: M.

21. I hereby certify that I attended the deceased from 1942 to Dec. 10 1944  
that I last saw him alive on Dec. 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
arteriosclerosis  
general (Senility)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
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?

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature Spencer L. Freeman M.D. (M. D. or other)  
Address Kirkville Mo. Date signed 12/14/44

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

MOTHER FATHER

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

299

20-X

1049

DEC 20 1948

12-44-20  
DEC 22 1944

NOV 27 1950

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 *D. E. Riley*.....

Licensed Embalmer No. *4181*.....

P. O. Address *Hicksville 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.