

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41681

FILED JAN 5 1945
Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution:
Montgomery Co. Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery

(c) City or town New Florence, 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 _____

3. (a) PRINT FULL NAME CHARLES EDWARD COLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day December
year 1944 hour 3 minute P. M.

21. I hereby certify that I viewed the deceased from _____, 19____, to 29th Decemr, 1944

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Norma Cole 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov 1 1868
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

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

76 1 28 hr. _____ min.

Immediate cause of death Coronary Thrombosis

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

10. Usual occupation Farmer

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

MOTHER FATHER

11. Industry or business _____

12. Name Steven Cole

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

14. Maiden name Harriet Kelsch

15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dellie Cole Jordan

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 12-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cemetery

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? _____

18. (a) Signature of funeral director J. J. [unclear]

(b) Address Montgomery Co Mo

19. (a) Lee J. [unclear] (b) Miss C. E. [unclear]
(Date received local registration) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 3 Crown

21. Signature Edward [unclear] M.D. (M. [unclear])
Address Montgomery City Mo Date signed 22 Dec 44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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 Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City, Md.

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.