

S. No. 2
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5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10371

State File No.

Registrar's No. 72

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 119 E. Pettis
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME EZRA G. COLE

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

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

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife X

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

7. Birth date of deceased July 1944
(Month) (Day) (Year)

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

8 7 10 hr. min.

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

10. Usual occupation X Infant

MOTHER FATHER

11. Industry or business X

12. Name William Cole

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

14. Maiden name Ernie Chase

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

16. (a) Informant Marie Todd

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 3/16/1945 (Date received of local registrar) (b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 119 E Pettis
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1945 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/11
1945 to 3/14 1945
that I last saw him alive on 3/14
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy 101

Duration

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature D. W. C. [unclear] (M. D. or other)
Address Sedalia Mo Date signed 3/16/45

RECEIVED

District Health Officer No. 8,

District File Number 3/1/6

Date Filed 3/1/6

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

F. W. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sadokine

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.