S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34493

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 211

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 Louise St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Louise
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EARL JAMES COLE
3. (b) If veteran, name war V
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Cole
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept (Month) 2 (Day) 1873 (Year)

8. AGE: Years 72 Months 1 Days 24 If less than one day ....hr. ....min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business.....
MOTHER FATHER
12. Name William Cole
13. Birthplace St Francois Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name Frances Vandiver
15. Birthplace St Francois Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Margaret Cole
(b) Address 5 Louise Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1945 (Month) (Day) (Year)
(c) Place: burial or cremation B.T. Cemetery
18. (a) Signature of funeral director Benham Funeral Home
(b) Address 313 Benham Bonne Terre Mo
19. (a) 11-5-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1945 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 1944 ....., 1945, to Oct 26, 1945, that I last saw him alive on Oct 26, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 hrs.
Due to Hypertension	10 yrs
Due to	
Other conditions (Include 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? (Specify type of place)
While at work? (e) Means of injury.....
23. Signature H. P. Boston (M. D. or other)
Address Bonne Terre, Mo. Date signed 11-12-45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1945-1295

Date Filed 11-8-45

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Sanne Fare 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.