

FILED DEC 6 1945  
201

Primary Registration District No. 4314

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Atlanta Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Atlanta  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosa Cole

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

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

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

7. Birth date of deceased Sept 4-1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 1 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife & merchant

11. Industry General Store

12. Name John W Anderson

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

14. Maiden name Mary Ann Dennis

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

16. (a) Informant Maurine Miner  
(b) Address Moberly - Mo

17. (a) Burial (b) Date thereof Nov 7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Taber Cemetery

18. (a) Signature of funeral director H. M. ...

(b) Address Atlanta Mo

19. (a) Nov 13-1945 (b) Mrs O J Griffin  
(Date received local registrar) (Registrar's signature)

1054 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th  
year 1945 hour 2 o'clock minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from November  
1, 1945 to Nov 5, 1945;

that I last saw her alive on Nov 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer bowel

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. L. ... (M. D. examiner)

Address Atlanta Missouri Date signed 11-8-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 \_\_\_\_\_

*H. M. Goodding*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*H. M. Goodding*

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

**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, above space should be left blank.**