

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. **2987**

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
Stone - Memorial 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Days**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton 73**

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

(d) Street No. **Granby Rt. #1.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Alphus Butler Cole**

3. (b) If veteran, name war **none**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Irene Armstrong Cole** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 17 1885**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	13	15 hr. 15 min.

9. Birthplace **Cassville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **Timothy M. Cole**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elzira Morris**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. B. Cole**

(b) Address **Granby Rt. #1**

17. (a) **Burial** (b) Date thereof **2-3-46**
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thomas Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Missouri.**

19. (a) **1-31-46** (b) **L. B. Clinton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **30**
year **1946** hour **3** minute **15 p.m.**

21. I hereby certify that I attended the deceased from _____ 19____;
did not attend 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Medullary Paralysis
Stroke -
Convulsion

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **MOE 21**

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) **Accident**

(b) Date of occurrence **1/25/46**

(c) Where did injury occur? **Newton Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work **no** (Specify type of place) (e) Means of injury **Hit By Car**

23. Signature **A. W. Perfect** (M. D. or other) **Do**

Address **2114 Joplin** Date signed **1/30/46**

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

1367

MOTHER FATHER

107

46-1-43

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 *John Stephen Denne*
Licensed Embalmer No. *4194*
P. O. Address *Carthage, 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.