

S. No. 2  
M-5-43  
5-17-39  
I X38671

FILED MAY 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 517

1. PLACE OF DEATH:

(a) County Bucha an

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

(c) Name of hospital or institution:  
St. Josephs' Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours  
(Specify whether years, months or days)

In this community 23 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 616 1/2 South 8th  
(If rural, give location)

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

3. (a) PRINT FULL NAME Raymond S. Cole

3. (b) If veteran, name war none

3. (c) Social Security No. 491-10-6390

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary E. Cole

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

7. Birth date of deceased June 14 1935  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	15	hr. min.

9. Birthplace unknown California  
(City, town, or county) (State or foreign country)

10. Usual occupation retired switchman

11. Industry or business Union Terminal E

MOTHER FATHER

12. Name Jessie Cole

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

14. Maiden name Martha Smith

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

16. (a) Informant Mrs. George J. Voorhies

(b) Address 3313 Scott

17. (a) burial (b) Date thereof 5/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Doctor Billoe & Bauman

(b) Address St. Joseph, Mo.

19. (a) May 6, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from January 29, 1946 to April 29, 1946 that I last saw him alive on April 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion  
Due to Chronic Myocarditis

Duration
10 Min.
5 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?

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

23. Signature W. M. [Signature] D. or other

Address [Signature] signed

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

11129

William Board

**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 Raymond H. Morehead  
Licensed Embalmer No. 4413  
P. O. Address 319 So 10th Street, Joseph, 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.**