

Registration District No. 160

Primary Registration District No. 4239 5572 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3/4 mi N.W. of Leis Summit 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 10 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Rural - Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 mi N.W. of Leis Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Annetta D Cole

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John T. Cole 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Feb 19 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER { 12. Name Jonathan Garrett

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

MOTHER FATHER { 14. Maiden name unknown

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

16. (a) Informant Charles Cole

(b) Address Leis Summit Mo

17. (a) Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Consolus Beck

(b) Address Clinton Mo

19. (a) 4/18/46 (b) Sarah G. Davis
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-17 1946 to 4-18 1946
that I last saw her alive on 4-17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Hypertension
Due to _____
Due to _____

Duration 6 hrs
10 yrs

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

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underlies 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 [Signature] (M. D. or other) MD
Address Leis Summit Mo Date signed 4-18-46

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

15882

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 W.B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.