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FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19501

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 657

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Missouri Methodist Hospital

(d) Length of stay: In hospital or institution 1 1/2 Hours

In this community 1 year 10 month 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 1219 North 11th. Street

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Ola Cole

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased July 27 1944

8. AGE: Years Months Days If less than one day

1 10 4 hr. min.

9. Birthplace St. Joseph Missouri

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Bert Cole Jr.

13. Birthplace Springville Georgia

14. Maiden name Ella Schwrtz

15. Birthplace St. Joseph Missouri

16. (a) Informant Ella Cole

(b) Address 1219 No. 11th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/ 5/ 1946

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Farson, St. Joseph, Missouri

19. (a) June 7, 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st. year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5 P.M. to 6 20 P.M. June 1 1946, to June 1 1946;

that I last saw her alive on June 1 1946; and that death occurred on the date and hour stated above.

Immediate cause of death abscess of the esophagus

Duration

Due to foreign Body (penny)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy abscess of esophagus

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1314

(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) (c) Means of injury

23. Signature D. Earl Whitehall M.D. (M. D. or other)

Address 824 Edmond Date signed June 3-46

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

JUN 24 1948

Mr. Wittell

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 *Robert C. Harrington*

Licensed Embalmer No. *3258 Missouri*

P. O. Address *St. Joseph, Missouri.*

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.

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State File No. Teely
Registrar's No. 6570

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
in this community..... years, months or days)

3. (a) PRINT FULL NAME

Mary O. Cole.

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased July 27 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day..... year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....
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) accident foreign body

(b) Date of occurrence unknown

(c) Where did injury occur? St Joseph, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home we presume asptic small child.

While at work? at 1 yr 10 mo age (Specify type of place) Means of injury foreign body

23. Signature Osval Whitcell (M. D. or other)

Address 824 Edmund Date signed June 25-46

SUPPLEMENTARY

1887-1927 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19501