

Registration District No. 59

Primary Registration District No. 5228

State File No. _____

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: R.R. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1 YEAR
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Gunn City Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Russell Martin Cole

(b) If veteran, name war No

(c) Social Security No. 486-07-6371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 1
1946 to Aug 19 1946;

that I last saw him alive on Aug 19 1946
and that death occurred on the date and hour stated above.

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife Mildred Cole

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: Sep. 26, 1903
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Bakery salesman

11. Industry or business Bakery

12. Name Henry Frank Cole

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

14. Maiden name Amelia Christine Schrickler

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

16. (a) Informant Mrs. Mildred Cole

(b) Address Gunn City, Missouri

17. (a) Amical (b) Date thereof Aug. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WARRENSBURG, MO.

18. (a) Signature of funeral director D. W. Newcomer Son

(b) Address Kennett City, Mo.

19. (a) Aug. 20, 46 (b) W. J. Jones
(Date received local registrar) (Registrar's signature)

Major findings: 764

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? 0

23. Signature Edgar M. Luffel MD
While at work? _____ (Specify type of place) (c) Means of injury _____
Address Harrisonville, Missouri Date signed Aug 20/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

25384

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K.C. 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.