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

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35960

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 407

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Macon
(c) City or town: La Plata
(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:

3. (a) PRINT FULL NAME: Mrs. C. F. Cole (VERNA-ETHEL)

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: Married
6. (b) Name of husband or wife: Fred Cole
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: Mar. (Month) 16 (Day) 1896 (Year)

8. AGE: Years: 50 | Months: 7 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
12. Name: Clark Kissinger
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Alice Eagle
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Cole
(b) Address: LaPlata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: LaPlata
18. (a) Signature of funeral director: Fred Christian
(b) Address: LaPlata Mo
19. (a) 11-13-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/7/46, 19..., to 11/6/46, 19...; that I last saw her alive on 11/6/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hodgkins Disease	5 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 44 B

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

23. Signature: J. P. Rimes (M. D. or other): MD
Address: Kirksville, Mo. Date signed: 11/6/46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
Death File Number 10-46-2065
Filed NOV 22 1946

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 D. S. Christie

Licensed Embalmer No. 1108

P. O. Address La Platte Ohio

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.