

S. No. 2
DM-2-43
v. 5-17-39
X3567

39788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1946

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 415

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) 2nd Christian Church
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
(If outside city or town limits, write "RURAL")
 (d) Street No. 409 N. W 8th
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James A. Cole
 3. (b) If veteran name war None
 3. (c) Social Security No. 491-24-2805

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22
 year 1946 hour eight minute P. M.
 21. I hereby certify that I attended the deceased from _____
 that I was called and _____
 that I last saw him _____
 and that death occurred on the date and hour stated above
 Immediate cause of death: thrombosis

6. (a) Sex Male 2 negro
503 for or race
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____
(Month) (Day) (Year)

that I last saw him _____
 and that death occurred on the date and hour stated above
 Immediate cause of death: thrombosis
Church evidently
from a coronar
thrombosis

8. AGE: Years 74 Months - Days -
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Teacher + Barber

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

11. Industry or business _____
 MOTHER FATHER {
 12. Name D.K.
 13. Birthplace D.K.
(City, town, or county) (State or foreign country)
 14. Maiden name D.K.
 15. Birthplace D.K.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations A4A
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Corine Bradford
 (b) Address 412 N. W 8th Fulton Mo.
 17. (a) Burial
(Burial or cremation) (b) Date thereof Dec 26-46
(Month) (Day) (Year)
 (c) Place: burial or cremation South Side Cemetery, Fulton, Mo.
 18. (a) Signature of funeral director E. W. Bell
 (b) Address Fulton, Mo.
 19. (a) 12-26-1946 (b) Joe Monnickhoff
(Date received local registrar) (Registrar's signature)

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 3
 23. Signature W. H. Larrett (M. D. or other) Coroner
 Address Fulton, Mo. Date signed 12/27/46

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

3807

Date Filed 12-30-46

District File Number.....

Director Health Officer No. 9,

HEALTH DEPARTMENT

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 Eli Bell.....

Licensed Embalmer No. 2130.....

P. O. Address Fulton, 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.