

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

FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14750

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 148

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital
 (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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Flat River
 (If outside city or town limits, write "RURAL")
 (d) Street No. 219 Houser
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Edward Cole
 3. (b) If veteran, name war War I
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th,
 year 1947 hour 7:10 minute _____ A. M.
 21. I hereby certify that I attended the deceased from April 16
 1947, to April 24, 1947;
 that I last saw him alive on April 24, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucille Cole 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Feb. 28, 1893
 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 8 days

8. AGE: Years Months Days If less than one day
54 1 24 hr. _____ min.

Due to hypertensive conditions exacer
by disease

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

Due to _____

10. Usual occupation Clerk

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

11. Industry or business Wetterau Grocer Co.

Major findings: Of operations _____

12. Name William P. Cole

Of autopsy _____

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

PHYSICIAN
 Underline the cause to which death should be charged statistically.

14. Maiden name Elizabeth Walton

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

16. (a) Informant Lucille Cole
 (b) Address Flat River, Mo

17. (a) Burial (b) Date thereof Apr-27-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memo
 18. (a) Signature of funeral director Sparks Funeral Home
 (b) Address 300 Flat River, Mo

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 _____

19. (a) 4-29-47 (b) Ether Rudloff
 (Date received local registrar) (Registrar's signature)

23. Signature J. L. Foster (M. D. or other) _____
 Address Desloge, Mo. Date signed 4-26-47

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

MOTHER FATHER

JUN 9 1948

District Health Officer No. 4 - 3
District File Number 547-620
Date Filed 5-5-47

MAY 6 1947

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 *Murphy L. Sparks*

Licensed Embalmer No. 4236

P. O. Address *Flt. River, 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.