S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1947

Registration District No. 170

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

DR CLAIBORNE

State File No. 17934

Primary Registration District No. 5626

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution:
LEBANON, LINN CREEK STAR RT. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. LEBANON LINN CREEK ☆ RT. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NANCY CATHERINE 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 WIDOW

6. (b) Name of husband or wife J W COLE

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

7. Birth date of deceased FEB (Month) 26 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	29	hr. min.

9. Birthplace Johnson Co (City, town, or county) TENN (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name EZEKIAL SMITH
13. Birthplace (City, town, or county) U.S. (State or foreign country)

MOTHER
14. Maiden name ELECIBETH BERRY
15. Birthplace (City, town, or county) U.S. (State or foreign country)

16. (a) Informant Ray Cole
(b) Address LEBANON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) May 10, 1947 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 25
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 11, 1947, to April 25, 1947
that I last saw her alive on April 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mentral Insufficiency	47
Due to Heart	
Due to	
Other conditions NO (Include pregnancy within 3 months of death)	
Major findings: Of operations NO	
Of autopsy NO	

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 E. C. Jacobson M.D. (M. D. or other)

Address Camdenton, Mo Date signed 4-28-47

(Licensed Embalmer's Statement on Reverse Side)

Received 5/14/47
Laclede County Health Unit
File No. 4-47-75
Date Filed 5/15/47

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 O Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.