S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20874
Registrar's No. 2596

Registration District No. 147 — Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 4501 E. 25TH STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether In this community 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 4501 EAST 25TH STREET (If rural, give location) 8 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MRS NORA ELLEN COLE
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Hartley S. Cole
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased December (Month) - 21 (Day) - 1872 (Year)

8. AGE: Years 74 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business AT HOME
FATHER
12. Name Francis Pinkston
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Sally Crawford
15. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Virginia M. Smithey
(b) Address 1332 E. 30th Kcmo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13TH year 1947 hour 10:45 minute P. M.
21. I hereby certify that I attended the deceased from 1 Dec 1946 to June 13 1947 that I last saw her alive on about June 1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lung	
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46 f	

PHYSICIAN
Underline the cause of 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 A

23. Signature Glen A. Williams (M. D. ~~or other~~)
Address 806 Prof Bldg Date signed 6/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

806 Independence Ave.

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. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, 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.