S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21364

FILED JUL 10 1947

Registration District No. 136 — Primary Registration District No. 2001 — Registrar's No.

49
2
5

Mr. Mary Mack

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 432 N. Byers Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 432 N. Byers 5
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Essie Coles
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 20, 1881 (Month) (Day) (Year)

8. AGE: Years 66 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Baxter Springs (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Music Teacher - Piano
11. Industry or business

FATHER
12. Name Leonard Coles
13. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cynthia Ella Wright
15. Birthplace Austin (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mrs. Charles R. Davis
(b) Address 515 N. Sergeant, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cem.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Missouri
19. (a) 6-7-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 1/34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 8 minute 00 a M.

21. I hereby certify that I attended the deceased from 8-20- 1945 to 6-5- 1947
that I last saw her alive on 5-31-47 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer rectum	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Mary L. Mack M.D. (M. D. or other)
Address D.R. Service Bldg Joplin Date signed 6-7-47

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

47-6-545

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.