No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1574

FILED FEB 5 1948

Registration District No. 163 — Primary Registration District No. 5596 — Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Rural - Vineland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 1 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jefferson
(c) City or town: Rural - Vineland. (If outside city or town limits, write "RURAL")
(d) Street No.: Rural, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Stella Cathrine Cole
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced:
6. (b) Name of husband or wife: Fred Cole.
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: April (Month) 7 (Day) 1878 (Year)

8. AGE: Years 69 | Months 9 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: Hematite (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: At Home.
11. Industry or business:
12. Name (Father): Morgan W. Perkins
13. Birthplace: Vineland (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Mattie Webster.
15. Birthplace: Not Known (City, town, or county) Ohio. (State or foreign country)
16. (a) Informant: Fred Cole.
(b) Address: Rural - Vineland.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 1-23-48 (Month) (Day) (Year)
(c) Place: burial Wood Lawn.
18. (a) Signature of funeral director: Lee Wotherspoon
(b) Address: De Soto, Mo.
19. (a) 1/27/48 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1948 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from 7 Feb 1947 to 21 Jan 1948 that I last saw her alive on 20 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	5 wks.
Due to: Gen. arterio-sclerosis	yrs.
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: Earl V. Mayfield (M. D. or other) M.D.
Address: De Soto, Mo. Date signed: 22 Jan 48.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9/4/48

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 J. E. Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.