DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22107

State File No.

Registration District No. 14 Primary Registration District No. ~~4064~~ 5064 Registrar's No. 77

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Rural Arcadia, Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#1 Arcadia, Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 2 years 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Arcadia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. rural 3 J Arcadia Rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Elizabeth Cole
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife George Thornton
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 8 (Day) 1876 (Year)

8. AGE: Years 72 Months 0 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Bates County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home

FATHER
12. Name Thomas Lackey
13. Birthplace No Data (City, town, or county) No Data (State or foreign country)

MOTHER
14. Maiden name No Data
15. Birthplace No Data (City, town, or county) No Data (State or foreign country)

16. (a) Informant Florence Cole
(b) Address R#1 Arcadia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloah Cemetery Rural Arcadia
18. (a) Signature of funeral director Charles A. Dudley
(b) Address Mulberry Kansas
19. (a) 5/27/48 (Date received local registrar) (b) Antonia Schester (Registrar's signature) 1.9

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 5 day 26 year 48 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from 5/19, 1948, to 5/24, 1948, that I last saw her alive on 5/24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arteriosclerosis
Due to
Other conditions 0
(Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy 0

Duration

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other)
Address Liberal Mo Date signed 5/29 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer, No. 6,
District File Number 748-801
Date Filed JUL 15 1945

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 Charles A. Reedley

Licensed Embalmer No. 2228

P. O. Address Mulberry, Kansas

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.