

FILED MAR 13 1945
Registration District No. 57

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo
(c) Name of hospital or institution Henry Murray Home
(d) Length of stay: In hospital or institution 1 year
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Mo
(d) Street No E Green
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Emma Cole

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, widower 2 widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased 6-18-1855

8. AGE: Years 89 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Gallatin Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name L W Cooper
13. Birthplace Va
14. Maiden name Hester Vaughn
15. Birthplace Va

16. (a) Informant Eileen E. Ploot
(b) Address Euidatta

17. (a) Burial (b) Date thereof 2-22-45
(c) Place: burial or cremation Leap Chapel

18. (a) Signature of funeral director Fred Williams
(b) Address Clinton Mo

19. (c) February 22, 1945 Dry Kitchen, Deputy Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day Feb 21
year 1945 hour 2:40 minute AM
21. I hereby certify that I attended the deceased from Dec 11 1944 to 2-21 1945
that I last saw her alive on 2-19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Duration 10 days

Due to Chronic Bronchitis & Atherosclerosis
2095

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy

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? (c) Means of injury
Signature L. S. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 2-21-45

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

19-1-2

RECEIVED

District Health Officer No. 7,

2-48-171

Date filed 3-9-45

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.