

REC'D MAY 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15193  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 417  
(b) Township JOPPIN Primary Registration District No. 3024 Registered No. 31  
(c) City Webb City (d) Street No. 404 N. DEVON St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

400 Mrs. Audrey Cole  
(a) Residence, No. 404 N. Devon St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Widowed</u>    |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>March 27 1867</u>                   |  |   |
| 7. AGE  | YEARS<br><u>72</u>   | MONTHS<br><u>1</u>  |
|   | DAYS<br><u>4</u>   | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>At Home</u> |   |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                              |   |
|   | 10. Date deceased last worked at this occupation (month and year)                                    | 11. Total time (years) spent in this occupation                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Franklin Missouri</u>      |  |   |
| FATHER  | 13. NAME<br><u>Charles E. Tapping</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Spain</u>                                     |   |
| MOTHER  | 15. MAIDEN NAME<br><u>Mary Sigler</u>  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Springfield Ohio</u>                          |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Valentine Shively Webb City, Mo.</u>           |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Webb City Cemetery APR. 20 1938</u> |  |   |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>Webb Nelson Webb City, Mo.</u>        |  |   |
| 20. FILED APR. 20 1938<br><u>L. Pritchett M.D.</u><br>Local Registrar             |  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 193922. I HEREBY CERTIFY, That I attended deceased from Feb 8 1939 to Feb 27 1939I last saw her alive on 2/27 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Malignant tumor  
left side of neck  
53

Other contributory causes of importance:  
Senility  
General Carcinoma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. P. Shively M. D.  
John D. Johnson  
(Address) \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Page 76*

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1011

Date Filed MAY 2 1939

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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.....

E. M. Hedge....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

P. O. Address West City

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, above space should be left blank.