

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42590
Registrar's No. 299

Registration District No. 4 Primary Registration District No. 3001

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville Rural
(c) Name of hospital or institution: 1908 S First St
(d) Length of stay: All of her life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Francis Cole
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Cole
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased II 29 1853
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 12th year 1939 hour 7:30 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 1931, 1931, to DEC 12th, 1939;
that I last saw her alive on Dec 12th, 1939 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 12 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial Insufficiency
Due to _____
Due to _____

9. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife

Other conditions Fractured left femur
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Cary Hop on
13. Birthplace Virginia
14. Maiden name Rebecca Coleman
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

Major findings: 1964
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Henry Cole
(b) Address 1908 S. First Street Mt Carmel
17. (a) Mt Carmel (b) Date thereof 12 14 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel
18. (a) Signature of funeral director Decker
(b) Address Kirksville Mo
19. (a) Dec. 16/39 (b) Sumner L. Freeman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Indirectly Accident
(b) Date of occurrence DEC 3 d 1939
(c) Where did injury occur? at her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Geo. F. Suss (M. D. or other) _____
Address Kirksville Date signed 12/16/39

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-95

Date Filed JAN 8 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.