

JAN 15 1940

Registration District No. 502

Primary Registration District No. 4305

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Marceline Mo
(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) V
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME JERRY MELVIN COLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 7 1939
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Jamel Cole
13. Birthplace Salesburg Ill. (City, town, or county) (State or foreign country)
14. Maiden name Cora Jefferson
15. Birthplace Charleston Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Other Source

(b) Address Marceline Mo

17. (a) Mt Olivet (b) Date thereof Dec. 4-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Wm M Laughlin

(b) Address Marceline 451

19. (a) 12-5-39 (b) Oliver L Baird
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Marceline Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 209 E Booker
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

~~GENERAL~~ CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1939 hour 10 minute - A.M.

21. I hereby certify that I attended the deceased from Nov. 26, 1939, to Dec. 2, 1939;
that I last saw him alive on Dec. 2, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital debility
Due to malnutrition
anemia
Due to _____
Other conditions (Include pregnancy within 3 months of death) 158

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature John W. Wilson (M. D. or other) Med.
Address Marceline Mo Date signed 12/2/39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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. 11,

District File Number 140-1903

Date Filed JAN 12 1948

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline

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.