

FILED MAY 9 1940
Registration District No. 225

Primary Registration District No. 4151

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DAVIESS
(b) City or town JAMESON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DAVIESS
(c) City or town JAMESON
(If outside city or town limit, write "RURAL")
(d) Street No. 0 Cherry Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME FRANCIS EDWIN COLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Idella Cole 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased JAN. 26 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 13 If less than one day
hr. _____ min. _____

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

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name CHARLES COLE
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name SARAH DRM.
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant MRS. IDELLA COLE

(b) Address JAMESON MO

17. (a) BURIAL (b) Date thereof 4/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHEL CEM.

18. (a) Signature of funeral director E. M. JOINER

(b) Address SALLATIN MO

19. (a) April 10 1940 (b) Ava Pugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 1940 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from 4 to 4
9 1940 to 4 9 1940
that I last saw him alive on 4/9
and that death occurred on the date and hour stated above.
Immediate cause of death Arterio Sclerosis Duration _____

Due to Obtention

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

850
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ava Pugh (M. D. or other) _____

Address Jameson MO Date signed 4/10/40

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

RECEIVED

District Health Officer No. 11, 3

District File Number 540-662

Date Filed MAY 7 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

E. M. Jones

Licensed Embalmer No. 3453

P. O. Address *Laurel Hill*

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.