

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

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.

State File No. _____
Registrar's No. 198

Registration District No. 398
Primary Registration District No. 5554

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution 8613 Thomas Road
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State of Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 8713 Thompson
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME James O. Coles Sr.
(b) If veteran, name war _____ (c) Social Security No. 88-10-4404

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8th year 1940 hour 12 minute 33d M.
21. I hereby certify that I attended the deceased from _____ to _____ that I was or was not a physician and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair White 6. (a) Single, widowed, married, divorced, or separated Married
(b) Name of husband or wife Mrs. W. L. Cook
7. Birth date of deceased April 16 - 1898
(Month) (Day) (Year)

Duration _____
Immediate cause of death: Bullets wound of the head
Due to _____
Due to _____

8. AGE: Years 41 Months 9 Days 22
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Bates Co. Missouri
10. Usual occupation Auto Mechanic

MOTHER FATHER
12. Name George O. Coles
13. Birthplace Illinois
14. Maiden name Beana
15. Birthplace Bates Co. Missouri

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 7-8-40
(c) Where did injury occur? 8613 Thomas Road, Ind. Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 First Building
While at work _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant's own signature James Coles
(b) Address 8713 Thompson
17. (a) Burial, cremation, or removal _____ (b) Date there July 10-40
(c) Place: burial or cremation Adams, Mo.
18. (a) Signature of funeral director George O. Carson
(b) Address 2nd St. Independence, Mo.
19. (a) Date received local registrar July 9-40 (b) F. L. Cook (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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.....

Floyd C. Carson

Registered Apprentice No. *237*

working under my personal supervision.

Signed *George C. Carson*

Licensed Embalmer No. *2249*

P. O. Address *Indep, md*

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.