

No. 2  
1-13-40  
-17-39  
X23159

Registration District No. **85** Primary Registration District No. **1001** Registrar's No. **1081**

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

1. PLACE OF DEATH: **BUCHANAN**  
(a) County **BUCHANAN**  
(b) City or town **ST. JOSEPH**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **41 yrs. 4 mo. 15 days**  
(Specify whether in this community **70 yrs. 6 mo. 23 days** years, months or days)

3. (a) PRINT FULL NAME **Edith L. Cole**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **none** years

7. Birth date of deceased **March 18 1870**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **23** If less than one day **24** hr. min.

9. Birthplace **Hamilton, Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **School Teacher** 1

11. Industry or business 1

12. Name **W. C. Cole**  
13. Birthplace **U.S.A.** (City, town, or county) (State or foreign country)

14. Maiden name **NOT KNOWN**  
15. Birthplace **U.S.A.** (City, town, or county) (State or foreign country)

16. (a) Informant **Sheriff Caldwell Co.**  
(b) Address **Hamilton, Mo.**

17. (a) **Removal** (b) Date thereof **Oct 12 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hamilton Mo**

18. (a) Signature of funeral director **H. H. Hamilton**  
(b) Address **Hamilton Mo**  
19. (a) **10-12-40** (b) **NO. Westwood**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Caldwell**  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Sts** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION **11 m.**  
20. DATE OF DEATH: Month **October** day **11th** year **1940** hour **8** minute **45** P.M.  
21. I hereby certify that I attended the deceased from **July 10, 1940** to **October 11, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis, & Myocardial Degeneration** Duration **4 days**  
Due to **Arteriosclerosis** **40 years**

Other conditions **Involuntional** (Include pregnancy within 3 months of death)  
Major findings: **Melancholia, Chronic** PHYSICIAN **gpc**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **85**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Herbert C. Moore** (M. D. or other) **MD.**  
Address **State St #2 ST. JOSEPH** Date signed **10/12/40**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>to be</sup> ~~was~~ embalmed by me, or by.....  
*L.R. Slaughter*....., Registered Apprentice No.....  
working under my personal supervision

Signed *L.R. Slaughter*.....  
Licensed Embalmer No. *3554*.....  
P. O. Address *Hamilton, Mo.*.....

**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, fact should be so stated above.**