

13-40
7-39
X23159

State File No. _____

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 114

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 215 E. CHURCH. **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS 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 CHILD.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 4 1935.
(Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 19
If less than one day hr. _____ min. _____

9. Birthplace WEBB CITY, MO. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD **0**

11. Industry or business ** **A**

MOTHER FATHER { 12. Name HARLAN C. COLE.

13. Birthplace WEBB CITY, MO **0**
(City, town, or county) (State or foreign country)

14. Maiden name EVELYN BRIDGEWATER.

15. Birthplace DUENWEG, MO **0**
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HARLAN C. COLE.

(b) Address WEBB CITY, MO

17. (a) BURIAL (b) Date thereof OCT. 25. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEBB CITY CEMETARY

18. (a) Signature of funeral director WEBB CITY UND. CO

(b) Address WEBB CITY, MO

19. (a) OCT. 25. 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

(c) City or town WEBB CITY. **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 215 E. CHURCH.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 23 year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from OCT 23, 1940, to OCT 25, 1940; that I last saw him alive on OCT. 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure due to infantile paralysis of about 4 years duration (from history given me)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? 377

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

23. Signature [Signature] (M. D. or other) 1

Address Webb City, Mo Date signed 10/25/40

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

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, CLAYTON M. JOHNSTON

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 5922

P. O. Address WEBB CITY,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.