

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10317

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 149

Primary Registration District No. 4083

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Cleveland 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)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 60 years
years, months or days

8. (a) PRINT FULL NAME RANKIN COBLE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emily Coble

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

7. Birth date of deceased June 11 1850
(Month) (Day) (Year)

8. AGE: 90 Years 9 Months 18 Days
If less than one day _____ hr. _____ min.

9. Birthplace Greensboro North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stock feeder

11. Industry or business _____

12. Name John Coble

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

14. Maiden name Mary Snapp

15. Birthplace Scott Land, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Effie C. Hockaday

(b) Address Muncie, Kans.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or _____ Cleveland Cemetery

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland Mo.

19. (a) March 31 (b) Geo. E. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Cleveland Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1941 hour 1:30 minute 2 P. M.

21. I hereby certify that I attended the deceased from March 3
1941, 19 _____ to March 1929
that I last saw him 1:30 alive on March 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Old age

Due to Old age 109

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

Major findings: Pneumonia

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) no

(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? no (Specify type of place) (a) Means of injury _____

23. Signature J. F. FETTEL (M. D. or other) _____
Address Louisburg Date signed 3-29-41

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

9000

169

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

Geo. E. Myers

Licensed Embalmer No. *2517*

P. O. Address *Cleveland, Ohio*

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.

FILED JUN 20 1941 Dupl. Certificate of 10317-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4083

Registration District No. 1409

Primary Registration District No. 4083

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Cleveland Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 66
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS
(c) City or town Cleveland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME RANKIN COBLE

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, Widowed)

6. (b) Name of husband or wife RAKIN COBLE 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 9 18 hr. 1 min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name RAKIN COBLE

13. Birthplace County CASS (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant GEORGE COBLE

(b) Address Cleveland-MO.

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director George MYERS

(b) Address CLEVELAND-MISSOURI

19. (a) _____ (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR- day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb-26-1941
to MARCH 29 1941 to MARCH 29 1941.

that I last saw him alive on March 29, 1941, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
BRONCHIAL PNEUMONIA.

Due to _____

Due to _____

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

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) (a) Means of injury _____

23. Signature J. J. Ferrel (M. D. or other) 1

Address Louisburg, Mo. Date signed _____

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

S-10317-1941

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.....

Licensed Embalmer No.

P. O. Address.....

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.

Registration District No. 149

Primary Registration District No. 4083

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Cleveland
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rankin Coble
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Greenburg N Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Snapp
15. Birthplace Leetland (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) March 30-41 (b) Geo. E. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1971 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

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? _____

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

23. Signature J. V. Ferrel (M. D. or other)
Address Louisburg, Kans Date signed _____

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

SUPPLEMENTARY

S-10317 1941

0-081

11/20/41

Received from the

10/20/41

10/20/41