

No. 2  
-17-39  
XZ3139

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11655  
Registrar's No. 89

APR 10 1941  
Registration District No. 465

Primary Registration District No. 589D

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

1. PLACE OF DEATH:  
 (a) County Pettis  
 (b) City or town Sedalia Rural Route 6  
(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 years, months or days)  
 In this community lifetime

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 6- Seven miles south west of Sedalia, Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Parmenas Cole

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 Married

6. (b) Name of husband or wife Mrs. Sallie Read Cole 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 10, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>28</u>	hr. _____ min.

9. Birthplace Pettis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James W. Cole

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

14. Maiden name Mary Drake

15. Birthplace Cooper County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ira Leiter (Daughter)

(b) Address 737 E. 16th, Sedalia, Mo.

17. (a) Burial (b) Date thereof March 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Camp Branch

18. (a) Signature of funeral director Mrs. Harry Sneed

(b) Address Sedalia, Missouri

19. (a) Mar 10, 1941 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1941 hour 10:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from March 6 - 1941, to March 8 1941;  
that I last saw him alive on March 6 - 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arterio sclerosis

Due to \_\_\_\_\_

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

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? 906

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

23. Signature Alfred G. Moore (M. D. or other) \_\_\_\_\_

Address 111 W 4 Sedalia Mo Date signed 3-8-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-6-11

**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 *Ruan Ewing*

Licensed Embalmer No. *5847*

P. O. Address *Salina 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.**