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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33735
Registrar's No. 3666

Registration District No. 599

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1033 Monroe Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---
In this community 50 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1033 Monroe Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country --- 0

3. (a) PRINT FULL NAME Mrs. Mary Agnes 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 Widowed
6. (b) Name of husband or wife Mr. Theodore Cole 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 10 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name Unknown Conner
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Mollie
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nathan P. Cole
(b) Address 4503 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/2/41 (Date received local registrar) (b) D. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 23, 1941 to Sept. 30, 1941; that I last saw h. or alive on Sept. 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 10 day
Due to Multiple abscesses (subcutaneous)
Streptococcus Hemolyticus 10 mos.

Due to ---
Other conditions: --- (Include pregnancy within 3 months of death)

Major findings: Of operations 108 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 D. M. Crowe (M. D. or other) ---
Address 1500 Professional Bldg Date signed 10/1/41

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

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(Licensed Embalmer's Statement on Reverse Side)

4-8
2-4
1-10

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 K.C. Newcomer Jr.
Licensed Embalmer No. 4045
P. O. Address K.C. 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.