

S. No. 2
1-1.4.41
7.5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34003
3943
Registrar's No. _____

FILED NOV 13 1941
Registration District No. 399

Primary Registration District No. 1002

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

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:
2900 Michigan 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
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 Michigan Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Salmon P. Chase Cole
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 22nd
year 1941 hour 6 minute 58
21. I hereby certify that I attended the deceased from June 1941
to June 1941
that I last saw him alive on June 27
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Etta S. Cole
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased September 24 1857
(Month) (Day) (Year)

Immediate cause of death Malnutrition
Due to Senility
Due to No digestive function
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
84 0 28 hr. min.

9. Birthplace Mt. Vernon Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business International Harvester Co.

MOTHER FATHER { 12. Name Thomas Cole
13. Birthplace Mt. Vernon Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Charity Phillips
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Etta S. Cole
(b) Address 2900 Michigan Ave.

17. (a) Burial (b) Date thereof Oct. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature Just J. Foster (M. D. or other) MD
Address 701 Arroyo Blvd Date signed 10-23-41

707
11-5
August 1964

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 C. Harvey Quisenberry
Licensed Embalmer No. 4070
P. O. Address B. 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.