

No. 2
4-13-40
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35683**

FILED NOV 13 1941

Registration District No. **807**

Primary Registration District No. **4088**

Registrar's No. **110**

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

8
1
2

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
917 E. 9th St. 1
(If not in hospital or institution, write street number or location)

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

In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL") 2

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah Louise Cole

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased October 23 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Robert Cole

13. Birthplace Carter Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Myra French

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

16. (a) Informant Robert Cole

(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof 10-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director German Wndt. Co.

(b) Address Stuber Mo

19. (a) Nov 5, 1941 (b) Geo Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1941 hour 11 minute 11:00 A.M.

21. I hereby certify that I attended the deceased from 10-28-41
Come Visit, 1941, to 10-28-41, 1941;
that I last saw her alive on 10-28-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 1 day
Duration

Due to _____

Due to 10.6

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 T

23. Signature Dr. Cook (M. D. or other) _____
Address Caruthersville Mo Date signed 10-28-41

582 (Licensed Embalmer's Statement on Reverse Side)

11-41-22

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, fact should be so stated above.