

DEC 22 1941

Registration District No. 355

Primary Registration District No. 1002

048
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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 --
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Etta S. 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. Salmon P. Chase Cole 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January 1 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Mount Gilead Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name Samuel Hull
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Ermina Campbell
15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Wilcox /
(b) Address 2900 Michigan Avenue

17. (a) Burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. H. Newsome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11/3/41 (b) M. M. Cronm
(Date received local registrar) (Registrar's signature)

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

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1941, to Nov. 2, 1941;
that I last saw her alive on Nov. 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Double lobar pneumonia Duration 36 hrs
Due to Shock, exhaustion 3 weeks

Due to apoplexy 1 week

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
36 hrs
3 weeks
1 week
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 K. W. Farwell M. D. or other W. H. Newsome's Sons
Address 406 Wirthman Bldg Date signed 11-3-41

706 Johnson Hwy
3124 A Street
11-5

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. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address A. 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.