

FILED DEC 18 1941

Registration District No. _____

Primary Registration District No. 4509

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:
Locust Street
(If not in hospital or institution, write street number or location)

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

In this community Life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Cole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 19, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 10 20 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Ben Cole

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

14. Maiden name Lillian Duke

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

16. (a) Informant Sarah Cole

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director _____
Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 11, 25 1941 (b) Jennie Benton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 9
year 1941 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct - 1
1941 to Oct 12 - 1941
that I last saw h er alive on Oct - 11 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 136
(Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

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 Frank H. Baker (M. D. or other) MD
Address Dexter Mo Date signed 11/8/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No.

District File Number 1241-16

Date Filed 12/9/41

STATEMENT BY LICENSED EMBALMER

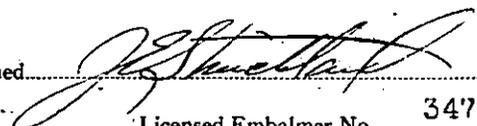
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. E. Strickland.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3479.....

P. O. Address Dexter, 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.