

FILED JUN 9 1942  
Registration District No. 87

Primary Registration District No. 111

Registrar's No. 1206

1. PLACE OF DEATH:

(a) County St Louis Mo.

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

(c) Name of hospital or institution: St Marys Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: OTTAWA

(a) State Oklahoma (b) County Picher 909

(c) City or town PICHER 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 506 S Vantage 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 2

3. (a) PRINT FULL NAME Fred W Cole Jr.

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

4. Sex Male 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: Dec 4 1938  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Westcardin Okla 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred W Cole

{ 13. Birthplace Spark Okla. 1  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Audrey Boots

{ 15. Birthplace Gramby Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W Cole

(b) Address 506 S Vantage Picher Okla

17. (a) (b) Date thereof 6-1-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 1 1942 (Date received local registrar) H. Mc L... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 1942 hour 11 minute 46 P.M.

21. I hereby certify that I attended the deceased from 7/15/42 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 5/30/42, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Brain Tumor malignant 2 yrs. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 5 yr

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: same. Of operations \_\_\_\_\_

Of autopsy: same.

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) (i) Means of injury \_\_\_\_\_

23. Signature R Dean Wooley (M. D. or other) MD

Address 4952 Maryland Date signed 5/31

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

76  
93

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**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.....

*W. J. Wilkinson*  
.....  
Licensed Embalmer No..... *3575*

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.**