

BUREAU OF THE CENSUS
FILED AUG 10 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 150

49
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage City
(c) Name of hospital or institution McCune Brooks
(d) Length of stay: In hospital or institution 7 days
In this community 7 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie (Rural)
(d) Street No. Rural Route 1
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME Clara Isabel 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 widowed
6. (b) Name of husband or wife George Cole 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased November 16, 1860

8. AGE: Years 81 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Palmyra, Illinois

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Lewis Dymee Astorn
13. Birthplace Unknown Tennessee
14. Maiden name Margaret Huson
15. Birthplace Unknown Tennessee

16. (a) Informant Mrs. H. P. Wyatt
(b) Address Carthage, Missouri

17. (a) Sarcoxie, Mo. Date thereof July 8, 1942
(b) (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Max J. Fassett
(b) Address Sarcoxie, Missouri

19. (a) July 18, 1942 (b) Elizabeth Complin
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1942 hour 12:30 P.M. minute 7 M.

21. I hereby certify that I attended the deceased from 7-8- 1942 to 7-16- 1942
that I last saw him alive on 7-16- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to about 11 days

Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury
23. Signature J. B. Book (M. D. or other)
Address Sarcoxie, Mo. Date signed 7-17-42

42.7-600

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91 - ~~11~~ - ~~0981~~
61 1161

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

Mr. May L. Gassett

4252

Registered Apprentice No. ✓

working under my personal supervision.

Signed

May L. Gassett

By Glen C. Cali

licensed Embalmer No.

4252

JE 3808

P. O. Address

Sarcoxie, 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.

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 100

1. PLACE OF DEATH:

(a) County..... Jasper

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

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

(d) Length of stay: In hospital or institution..... 7 days
(Specify whether _____)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Clara Isabel Cole

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

4. Sex..... F 5. Color or race..... N 6. (a) Single, widowed, married, divorced..... N

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

7. Birth date of deceased..... Nov 16 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 9 If less than one day min.

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... hypostatic pneumonia Duration about 11 days

Due to..... Tuberc.

Due to.....

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

Major findings: Of operations..... 108

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) (e) Means of injury)

23. Signature..... (M. D. or other)

Address..... Date signed..... 8-21-42

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

MOTHER FATHER

SUPPLEMENTARY

