

FILED OCT 19 1942
Registration District No. **6-239**

Primary Registration District No. **6239**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural; Bellevue Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles North of Caledonia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. 3 miles North of Caledonia
(If rural, give location)

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

3. (a) PRINT FULL NAME Jemima Rebecca Cole

3. (b) If veteran, name war # 3. (c) Social Security No. none

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

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

7. Birth date of deceased Dec. 18 1861
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>80</u> | <u>7</u> | <u>9</u> | _____ hr. _____ min. |

9. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name Issac Hanson

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

14. Maiden name Margarette Smalley

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

16. (a) Informant Fred L. Cole
(b) Address Irondale Mo. Rt. 1

17. (a) burial (b) Date thereof 8-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Irondale Mo.

19. (a) Sept 8 (b) Ella White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1942 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from 8/26
1942 to 8/27 1942
that I last saw h. alive on Aug 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arterio-sclerosis

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

Major findings: Of operations 94a
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 0

23. Signature J. P. Yeargain (M. D. of Missouri) ###
Address Irondale, Mo Date signed 8/28/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

110
0
0

RECEIVED

District Health Officer No. 4

District File Number 1042-119

Date Filed 10-9-42

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. 3012

P. O. Address Denton Tex

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.