

FILED JAN 13 1943

Registration District No. _____

Primary Registration District No. 3400

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Pikeville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 weeks 13 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Millie Cole

3. (b) If veteran, name war X 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 Chas. 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 4, 1863
(Month) (Day) (Year)

8. AGE: 81 Years Months Days If less than one day
81 9 28 hr. min.

9. Birthplace Brown County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name Silas Six

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

14. Maiden name Unknown

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

16. (a) Informant P. J. Cole,

(b) Address Marshall, Missouri

17. (a) Burial (b) Date thereof Dec 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina, Missouri

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

(b) Address Edina, Mo

19. (a) 12/31/42 (b) Mrs. J. P. Waynes
(Date received local copies) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Know 52
(c) City or town Edina (If outside city or town limits, write "RURAL") 0
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 42 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from July 1
1942 to Dec 24 1942
that I last saw her alive on Dec 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Due to Chronic Bronchiectasis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 90
Of operations _____
Of autopsy _____

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? _____

(Specify type of place) _____
While at work? (a) Means of injury _____
23. Signature Esther P. Bamey (M.D. or other) MD
Address Pikeville, Mo Date signed 12/27/42

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

RECEIVED
District Health Officer No. 10
District File Number 16-43-67
Date Filed JAN 11 1948

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 Yaith Collier
Licensed Embalmer No. 8632
P.O. Address Fayetteville 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.