

FILED FEB 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 625

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

49
52
5

1. PLACE OF DEATH

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1408 E. Parrott St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JEFF Cole

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-01-8070

4. Sex M 5. Color or race W

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 March 18 1870
(Month) (Day) (Year)

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

72 10 3 _____ hr. _____ min.

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

Ind

10. Usual occupation Molder

11. Industry or business Joplin Foundry

12. Name Thomas Cole

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

14. Maiden name Margaret Cooper

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

16. (a) Informant Mrs Mary Williams

(b) Address 1003 Lafayette Kansas C ity Kansas

17. (a) Burial (b) Date thereof Jan. 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forsat Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Joplin Mo.

19. (a) 1-25-43 (b) Hertubudholter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 6:00 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. did not see him alive alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

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)

23. Signature P. W. Webster (M. D. or other) _____

Address Carthage Mo. Date signed Jan 22 '43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

43-1-70

HEALTH DEPARTMENT
STATE OF MISSISSIPPI

1093

83

109-10-01

114

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 F.M. Jones

Licensed Embalmer No. 2319

P. O. Address Japhin ms

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.