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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2268

FILED FEB 9 1944

Registration District No. 1

Primary Registration District No. 3008

Registrar's No. 24

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: M.S.D. HOSPITAL O
(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:

(a) State MISSOURI (b) County DAVIESS 31

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Louis LeLAND Cole

3. (b) If veteran, name war NO

3. (c) Social Security No. 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 NOV. (Month) 18 (Day) 1935 (Year)

8. AGE: Years 8 Months 1 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ALTAMONT (City, town, or county) MO O (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

FATHER
12. Name JACK Cole
13. Birthplace ALTAMONT (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name MADINE INGRAM
15. Birthplace HOPKINS (City, town, or county) MO O (State or foreign country)

16. (a) Informant JACK Cole

(b) Address ALTAMONT, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 15 (Day) 1944 (Year)

(c) Place: burial or cremation ALTAMONT, MO

18. (a) Signature of funeral director Glen Y. Manpin

(b) Address 712 Court St. Fulton, Mo.

19. (a) 1-15-1944 (Date received local registrar) (b) Josie Mossenkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1944 hour 7.45 minute a. M.

21. I hereby certify that I attended the deceased from Jan 8th, 19..., to Present Time that I last saw him alive on Jan 15th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial Bilateral - Complicated with malignant Bacillus fever 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

Duration

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? (e) Means of injury

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

Address Fulton Mo. Date signed 1-15-44

(Licensed Embalmer's Statement on Reverse Side)

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.