S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

13604

State File No.

Registrar's No. 1771

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 3857 EAST 60TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3857 EAST 60TH STREET 8
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME MRS. ELLA COLE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ MR. FRED J. COLE

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased FEBRUARY (Month) 10 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	2	10	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ----

FATHER
12. Name THAD JOHNSON
13. Birthplace UNKNOWN (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name ANN MARSHALL
15. Birthplace UNKNOWN (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant MR. FRED J. COLE

(b) Address 3857 EAST 60TH STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 23 1944 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ BRANCH ARKANSAS

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20TH year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from FEB 1944 to APR 20 1944 that I last saw her alive on APR 20 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BILATERAL CANCER MAMMARY GLAND WITH	
Due to METASTASIS TO LUNGS AND LIVER	YRS.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

50

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 [signature] (M.D. or other) [signature]

Address 6944 [illegible] Date signed 2-4-44

(Licensed Embalmer's Statement on Reverse Side)

6944 Crockett Avenue
1-4-79

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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.C. 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.