

FILED JAN 9 1946

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 257

1. PLACE OF DEATH

(a) County Jefferson  
 (b) City or town Festus  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lewis James Cole

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-12-8720

4. Sex male 5. Color or race Colored 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 October - 25 - 1885  
 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name Willis Cole

13. Birthplace Rehoboth Beach, Del.  
 (City, town, or county) (State or foreign country)

14. Maiden name Maudie Branum

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

16. (a) Informant Cornelia Murphy

(b) Address 628 S. Adams St. Festus Mo

17. (a) Burial (b) Date thereof Jan. 2 - 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Ceme.

18. (a) Signature of funeral director H. S. Vinard

(b) Address Festus Mo

19. (a) Jan 2 1946 (b) Clara Brown  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town Festus  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
 year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 4  
 1945 to Dec. 22 1945  
 that I last saw him alive on Dec. 22  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 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? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature Betha Bolger M.D. or other \_\_\_\_\_  
 Address Festus Mo Date signed 1-2-46

