

FILED OCT 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. **34302**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **95**

1. PLACE OF DEATH:

(a) County **Missouri**
 (b) City or town **Caruthersville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**
 (c) City or town **Caruthersville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **507 Highland Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Raymond N. Cole**

3. (b) If veteran, name war **World War I**
 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Alma Cole** 6. (c) Age of husband or wife if alive **29** years
 7. Birth date of deceased **July 19 1917**
 (Month) (Day) (Year)

8. AGE: Years **29** Months **2** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **The factory workman**

MOTHER FATHER

12. Name **R. E. Cole**
 13. Birthplace **Libson Co. Tenn.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Lige Greenwood**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alma Cole**
 (b) Address **507 Highland Ave.**

17. (a) **Burial** (b) Date thereof **10-16-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Prairie**

18. (a) Signature of funeral director **Lutzberg and Co.**
 (b) Address **Caruthersville, Mo.**

19. (a) **10-21-46** (b) **Fresue B. Weeks**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15**
 year **1946** hour **3** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death **head crushed in Car accident**
 Due to **Car hitting Telegraph Pole**

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **170C 8**
 Of autopsy **27**

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) **Accident** **10**
 (b) Date of occurrence **10-15-46**

(c) Where did injury occur? **Caruthersville Pemiscot Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
public street

While at work **no** (Specify type of place) (e) Means of injury **2**

23. Signature **Frank Kelly coroner** (or other)
 Address **Haystack Mo.** Date signed **10-15-46**

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

33128

10-46-214

NOV 9 1946

OCT 30 1946

NOV 14 1946

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.