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47
39
3506

30451

FILED DEC 11 1948 49
Registration District No. _____

Primary Registration District No. 1002

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:
433 South Brighton 1
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 433 South Brighton 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3: (a) PRINT FULL NAME Nelson M. Cole

3. (b) If veteran, name war # 1 World War 3. (c) Social Security No. 702-16-0002

4. Sex md 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nelle 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: March 4 - 1889
(Month) (Day) (Year)

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

<u>59</u>	<u>8</u>	<u>19</u>	hr. min.
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9. Birthplace Blue Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Oiler

11. Industry or business Mo. Pacific P.R. Co.

MOTHER FATHER { 12. Name Samuel Cole

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

14. Maiden name Ruth Hopkins

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

16. (a) Informant Mrs. Nellie Cole

(b) Address 433 S. Brighton K.C. Mo.

17. (a) Burial (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo.

18. (a) Signature of funeral director Mrs. J. B. Webb, Inc.

(b) Address Blue Springs Mo.

19. (a) 11-24-48 (b) St. Valentine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1948 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 17, 1948 to Nov 23, 1948
that I last saw him alive on Nov 23, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 hour

Due to _____

Due to _____

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

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? _____

P. A. Kienberger (Specify type of place) (M. D. or other) MD
While at work? (e) Means of injury _____

23. Signature P. A. Kienberger (M. D. or other) MD
Address 5242 N. T. Ave. Date signed 11/24/48

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

6765-72-120

DEC 14 1948

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 RB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.