

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26286
Do not use this space.

REC'D AUG 14 1939

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Walker Primary Registration District No. 4335
(c) or City California Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. California Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella R Cole Jr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Helper in Ice Plant
10. Date deceased last worked at this occupation (month and year) July 22 1939 Total time (years) spent in this occupation 5 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co.

FATHER 13. NAME A. B. Cole Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co.

MOTHER 15. MAIDEN NAME Maud Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs A. B. Cole Sr (ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cemt DATE July 30 1939

19. FUNERAL DIRECTOR (NAME) Bowlin Funeral Home (ADDRESS) California Mo.

20. FILED 7-31-39 A.R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1939

22. I HEREBY CERTIFY That I attended deceased from July 26 1939 to July 28 1939

I last saw him alive on July 28 1939 Death is said to have occurred on the date stated above, at 7:41 m.

The principal cause of death and related causes of importance were as follows:

Styptic infection
thrust infection

Other contributory causes of importance:

Emphysema, styptic
coccia

Name of operation none Date of _____

What test confirmed diagnosis? Styptic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. L. Latham M. D.

(Address) California Mo

MIN 22 1982

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.....

Earl R. Boulis

Licensed Embalmer No. *2126*

P. O. Address *California, W.*

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, above space should be left blank.