

JAN 16 1938

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

48315
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township _____ Primary Registration District No. 3019 Registered No. 361
 (c) City Independence (d) Street No. Independence Ave 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 Ray M. Cole
 (a) Residence, No. 120 South Willow 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 Helen Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1900

7. AGE YEARS 38 MONTHS 2 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman Helen

9. Industry or business in which work was done, as saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Missouri

FATHER 13. NAME Robert S. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Missouri

MOTHER 15. MAIDEN NAME Budie R. Cole

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

17. INFORMANT Helen Cole
(ADDRESS) 120 So. Willow

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, MO DATE Dec. 30, 1938

19. FUNERAL DIRECTOR Geo. C. Carson
(ADDRESS) Independence, MO

20. FILED 1-3-1939 F. L. Cook Local Registrar. 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Defton to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

Second degree burn of face & hands. Flames in hold 151.

Other contributory causes of importance: Shock. Detached lobe of brain. Left lobe pneumonia.

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-27, 1938

Where did injury occur? Independence, MO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Burns & inhalation flame

Nature of injury Burn face & hands. Shock

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

If so, specify _____

(Signed) Defton _____, M. D.

(Address) Defton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

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50-7-20-37

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)