

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Albert Brooks Cole

3. (b) If veteran, name war No 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Maud Ann Grant Cole 6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: Nov 18 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 16 hr. min.

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

10. Usual occupation Ice & Fuel Merchant

11. Industry or business

12. Name Charles Cole

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

14. Maiden name Sarah Ann Arme

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

16. (a) Informant Brooks Ann Cole

(b) Address California, Missouri

17. (a) Burial (b) Date thereof July 6, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 7-6-42 (b) Mrs James Roth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1942 hour 2 minute 30 a. m.

21. I hereby certify that I attended the deceased from Aug 9,
1940 to July 4, 1942

that I last saw him alive on July 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death massive Pulmonary
Infarct. Duration 15 minutes

Due to Intoxication 29

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. B... (M. D. or other) _____

Address Deliganine, Mo. Date signed 7/6/42

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

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. Boudin

Licensed Embalmer No.....

2126

P. O. Address.....

California, M.

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.