

REC'D SEP 13 1938

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

27960
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399
 (b) Township Jackson / Primary Registration District No. 1002
 (c) City Warrensburg (d) Street No. K C Gen 1450 Registered No. 3271
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 5 6 0 (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME

(a) Residence, No. 518 So. Jefferson 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 <u>m</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ruth Comer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1879</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>11</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
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) <u>W. Va.</u>		
13. NAME <u>Wm B. Comer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Sarah Fudge</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Reverend Clerk K C Gen 1450</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Forest Hills</u> DATE <u>8-19-38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Sheet Metal Gen. Home</u>		
20. FILED <u>Aug 18 38</u> M. J. <u>knowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1938, to 8-16 1938
 I last saw him alive on 8-16 1938 Death is said to have occurred on the date stated above, at 8:30 am
 The principal cause of death and related causes of importance were as follows:
Retropneumothorax Date of onset _____
with a g. following _____
right hemiorrhaphy _____
 Other contributory causes of importance:
Strangulated inguinal hernia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R H De Marco M. D.
 (Address) Sept K C Gen 1450

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.