

NOV 21 1938

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

34819

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 392
(b) Township Kaw Primary Registration District No. 3002
(c) City Kansas City (d) Street No. St. Joseph's Hospital Registered No. 4155
(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 Katherine Comboy

(a) Residence, No. RR #4 Independence, 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 <u>Fem.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - -			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17, 1878</u>			
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>6</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</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		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Missouri</u> <u>6</u>		
	13. NAME <u>Edward Comboy</u> <u>5</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County Limerick Ireland</u> <u>5</u>		
	15. MAIDEN NAME <u>Johanna Howard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County Limerick Ireland</u>			
17. INFORMANT (ADDRESS) <u>Miss Agnes Comboy</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Indep. Oct. 25, 1938</u>			
19. FUNERAL DIRECTOR (ADDRESS) <u>Ott & Mitchell Independence, Mo.</u>			
20. FILED <u>10-25</u> 19 <u>38</u> <u>M. M. Craune</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 9 - 1938, to Oct 23 - 1938, 1938I last saw her alive on Oct 23 - 1938, 1938. Death is said to have occurred on the date stated above, at..... m.

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

Chronic Glomerular Nephritis
Anemia
131

Date of onset

idea

Other contributory causes of importance:

Name of operation none Date of.....What test confirmed diagnosis? Clinical 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? No

If so, specify.....

(Signed) R. J. Garman, M. D.(Address) Independence Mo.

STATEMENT BY LICENSED EMBALMER

I, Henry J. Mitchell, Licensed Embalmer No. 3925
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell
Licensed Embalmer No. 3925

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.)