

St. ampf. cler

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

3435
Do not use this space.

DEC 6 FEB 25 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township _____ Primary Registration District No. 3092 Registered No. 37
 (c) City Sedalia (d) Street No. 510 East 3rd. 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 560 Mary Louise Comer

(a) Residence, No. 510 East 3rd. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1939

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

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

12. BIRTHPLACE (CITY OR TOWN) Sedalia
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Carl I. Comer
 14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Fredonia Smith
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

17. INFORMANT Carl I. Comer
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Jan. 30, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED Jan 31 1939 Mrs Harry Sneed
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28/39, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1939, to Jan 28, 1939.
 I last saw her alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 8:00 p. m.

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

Braen haemorrhage
due to birth injury?
 Date of onset _____
 Other contributory causes of importance: 16010

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Clayton Stauffer, M. D.

(Address) Sedalia Mo.

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

50
47
47

STATE OF NEW YORK
DEPARTMENT OF HEALTH

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/5/39

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.