

0330 JUN 15 1939

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

19181
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Meson Primary Registration District No. 3029 Registered No. 146
 or
 (c) City Hannibal (d) Street No. 711 A Broadway 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles Johnson Comstock Sr.

(a) Residence, No. 711 A Broadway 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 Mary R. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 23

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

12. BIRTHPLACE (CITY OR TOWN) New Albany
 (STATE OR COUNTRY) Indiana

13. NAME Robert F. Comstock

14. BIRTHPLACE (CITY OR TOWN) Madison
 (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Conway

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Comstock
711 A Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisville Ky. DATE 5/9/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
 (ADDRESS) Hannibal Missouri

20. FILED May 8 19. 39 St. C. Gisher
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 36 1936, to May 7 1939
 I last saw him alive on May 6 1939. Death is said to have occurred on the date stated above, at 5:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis
 Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation none 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) J. C. Harkins M.D.
 (Address) 202 N. 4th St

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.

R. W. G. Gisher

Hannibal Mo.

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.....

..... J.J. Marsh L.E. 3932, Registered Apprentice No.....
working under my personal supervision.

Signed Crawford Smith.....

Licensed Embalmer No..... 3814.....

P. O. Address Hannibal Missouri

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.