

1939 OCT 19

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

31728
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Polk's Primary Registration District No. 5797 Registered No. 229
 (c) City Millard (d) Street No. _____ 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 Obediah William McCombs

(a) Residence, No. Millard, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1951

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture
 10. Date deceased last worked at this occupation (month and year) Sept. 10, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wapello County Iowa

FATHER 13. NAME Abraham McCombs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Ohio

MOTHER 15. MAIDEN NAME Susana McDonough
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Ohio

17. INFORMANT (ADDRESS) Mrs. Mary Evans Oskaloosa, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Tracy, Iowa Bellefontain DATE Sept. 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Sept 21, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jacoma, 1935, to Sept 18, 1939
 last saw him alive on Sept 18, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Atherosclerosis Date of onset _____

Other contributory causes of importance: 95 b²

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? 2
 If so, specify Dr. C. H. Masterson
 (Signed) _____ (Address) Kirksville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1782

Date Filed OCT 10 1939

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 Harold V. Wenzel

Licensed Embalmer No. 4076

P. O. Address: Kirksville, Md.

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.