

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.

Registration District No. 589

Primary Registration District No. 6229

Registrar's No. 103

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Margrand Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number pr location)  
(d) Length of stay: In hospital or institution 3 days 8 hrs. (Specify whether years, months or days) 5/2

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME REVA Marie Combs  
3. (b) If veteran, name war V  
3. (c) Social Security No. V

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 14 year 1939 hour 5 minute 30 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 10 years (Day) (Year)

21. I hereby certify that I attended the deceased at 6:00 A.M. Dec 14, 1939, to Dec 14, 1939; that I last saw her alive on Dec 14, 1939; and that death occurred on the date and hour stated above.

7. Birth date of deceased. Dec (Month) 10 (Day) 1939 (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 If less than one day 8 hr. \_\_\_\_\_ min.

Immediate cause of death. In my opinion the cause of death was:  
Due to sepsis of the new-born  
Due to History of extreme yellow color and indurated sepsis

9. Birthplace Margrand Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 16/12  
Of autopsy None

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Troy Combs  
13. Birthplace Margrand Mo (City, town, or county) (State or foreign country)  
14. Maiden name Mildred Carr  
15. Birthplace Margrand Mo (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Mrs M Carr  
(b) Address Margrand Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1939 (Month) (Day) (Year)  
(c) Place: burial or cremation Whitener Cemetery

18. (a) Signature of funeral director E. H. ...  
(b) Address Margrand Mo

19. (a) Dec 14 - 1939 (Date received local registrar) (b) B. C. Slayback (Registrar's Signature) By P. P. ...

23. Signature E. M. Scott (If Doctor other) DO  
Address Margrand, Mo Date signed Dec 6, 1939

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**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.**