

No. 2
-11-10-39
5-17-39
- I X21492

DEPARTMENT OF COMMERCE-
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5349
Registrar's No. 574

Registration District No. 399 Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3732 Tracy Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 55 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Albert Carry Combs

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Male 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 --- years

7. Birth date of deceased August 11 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 26 hr. min.

9. Birthplace Baldwin Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Book Binder

11. Industry or business ---

MOTHER FATHER { 12. Name A J Combs

18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Harriette Clark

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Harriet R. Combs
(b) Address 3732 Tracy 2-5-40

17. (a) Removal (b) Date thereof 2-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial by cremation Baldwin, Kansas

18. (a) Signature of funeral director D. W. Spencer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 7, 1940 M. M. Erwin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3732 Tracy Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1940 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 30, 1940 to Feb 6, 1940
that I last saw him alive on 2/6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Bronchial pneumonia
Due to 1070
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations ---
Of autopsy ---

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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? ---

While at work (Specify type of place) (e) Means of injury ---
23. Signature [Signature] (M. D. or other)
Address 710 1/2 E. 14th Date signed 2/7/40

11:30-5-51

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 _____

H. C. Newcomer Jr.

Licensed Embalmer No. _____

4043

P. O. Address _____

H. C. Mo

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.