

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 23 1940

Registration District No. 711

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11334

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
905 Byers Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
(Specify whether In this community, years, months or days)

3. (a) PRINT FULL NAME Mary Eliza McCombs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Erron C. McCombs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>71</u>	<u>4</u>	<u>29</u>	hr. _____ min.

9. Birthplace Windsor Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business HOME

12. Name Alonzo Carter

18. Birthplace Not known
(State or foreign country)

14. Maiden name Eliza Porter

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. E. McCombs

(b) Address 5022 S 30 W, Ave Tulsa Ok

17. (a) Burial (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK CEM

18. (a) Signature of funeral director HURBUT AND CO

(b) Address 212 Joplin St. Joplin, Mo

19. (a) 3-27-40 (b) Ed D Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 905 Byers
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1940 hour 1:30 minute _____ a. m.

21. I hereby certify that I attended the deceased from 3-20, 1940. 3-25, 1940
 that I last saw him alive on 3-25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to 2nd stroke 3/24-40

Due to _____
 Other conditions g.p.
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____
(Specify type of place)
 (e) Means of injury _____

23. Signature Ed D Janner (M. D. or other) _____
 Address Joplin, Mo Date signed 3-27-40

RECEIVED

Officer No. 6,

District File Number 440-1069

Date Filed APR 10 1940

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 *[Signature]*

Licensed Embalmer No. 95-9

P. O. Address *[Signature]*

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.