

FD-36  
FILEDMAY 13 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14646

State File No.

Registration District No. 201

Primary Registration District No. 5280-3012

Registrar's No. 34

## 1. PLACE OF DEATH:

(a) County CLAY  
 (b) City or town Central Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
104 E. FRANKLIN ST. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2 YEARS  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. 104 EAST FRANKLIN ST  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William B. McComas 252

8. (b) If veteran, name was NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MARIE SIMPSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 23 1859  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 27 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace PLATTE COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)10. Usual occupation FARME (RETIRED 7 YEARS)11. Industry or business SAME

MOTHER FATHER  
 12. Name STEPHEN McCOMAS 1  
 13. Birthplace \_\_\_\_\_ Va. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name VIRGINIA BIRD  
 15. Birthplace \_\_\_\_\_ Va. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant JAMES McCOMAS(b) Address PLATTE CITY, MISSOURI

17. (a) BURIAL (b) Date thereof Apr 21, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLATTE CITY, MO18. (a) Signature of funeral director McCOMAS MORTUARY(b) Address Smithville Mo

19. (a) May 10 (b) W. H. Shefer  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 19  
 year 1940 hour 11:50 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Nov 24, 1939 to April 19, 1940 1940  
 that I last saw him alive on April 19, 1940 1940  
 and that death occurred on the date and hour stated above.

## Immediate cause of death

Cerebral Hemorrhage  
left cerebral  
 Due to General arteriosclerosis 10 yrs.  
 Duration 2 hrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (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?  
940 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Dr. W. H. Shefer (M. D. or other) \_\_\_\_\_  
 Address Liberty Mo Date signed \_\_\_\_\_

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

**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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3946

P. O. Address Smithville, 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.**