

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 15492Registration District No. 561Primary Registration District No. 5755-1Registrar's No. 30

1. PLACE OF DEATH:

- (a) County Miller
 (b) City or town Olean
 (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 or location)

- (d) Length of stay: In hospital or institution
- 2
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- (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Martha Jane Comer 5603. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Louis F. Comer 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased Nov. 28 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 5 19 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business B12. Name James Williams13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary E. Dray15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Louis F. Comer(b) Address Olean, Missouri17. (a) Burial (b) Date thereof 4-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Olean18. (a) Signature of funeral director Phillips Funeral Home(b) Address Eldon mo19. (a) 4-19-40 (b) Belle Faynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller(c) City or town Olean
(If outside city or town limits, write "RURAL")(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1940 hour 7 minute A. M.21. I hereby certify that I attended the deceased from
March 15, 1940 to 4/17, 1940
that I last saw alive on 4/16, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Central meningitis
non contagious Duration 10 daysDue to Heat Stroke Aug 1939Other conditions (Include pregnancy within 3 months of death) 79 W

Major findings: Of operations _____

Of autopsy _____

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? 495

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature A. Dr. Welby (M. D. or other) _____Address Eldon mo Date signed 4/19/40

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.

RECEIVED

Miller County Health Dep't.

County File Number...40-59-----

Date Filed...5-13-40-----

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.....

..... Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No.....3663

P. O. Address...Elson

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.