

FILED JUL 9 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21063
Do not use this space.

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 20
 (b) Township _____ Primary Registration District No. 4014 Registered No. _____
 (c) City Tarkenton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 Olivia Mawery
 (a) Residence, No. Tarkenton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Mawery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1873

7. AGE YEARS 66 MONTHS 5 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Michael Combs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Agnes Hacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) W. L. Combs
King City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Feb 9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Davis
Tarkenton Mo

20. FILED Feb 8 1940 Down Vaux
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1940

22. I HEREBY CERTIFY That I attended deceased from Feb 4 1940 to Feb 4 1940
 I last saw alive on Feb 4 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute infarction of the
Coronary Failure?
 Date of onset 1940

Other contributory causes of importance: no

Name of operation no Date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? yes Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. G. Rantz
Blackhawk & McSick 60
 17 (Address) _____

(Coroner) 270

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.

RECORDED

District Health Officer No. 11;

District No. 740-971

Date Filed JUL 1 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

Jno. M. Davis
.....
Licensed Embalmer No. 2394

P. O. Address Tarkenton, Md.

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.