DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1940

Registration District No. 538

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29053

Primary Registration District No. 5727

Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Madison

(b) ~~City or town~~: Rural ~~Academy~~ Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: .....

(c) City or town: St Louis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3931 A Page ave
(If rural, give location)

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

3. (a) PRINT FULL NAME: Dodd COMBS 512

3. (b) If veteran, name war: ✓

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: Negro

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: March (Month) 26 (Day) 1916 (Year)

8. AGE: Years 24 | Months 5 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Rosedale (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: Chauffer

11. Industry or business: .....

FATHER
12. Name: Dulane Combs
13. Birthplace: Rosedale (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name: Lucy Williams
15. Birthplace: ..... (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant's own signature: B B Crawford
(b) Address: 4021 Finney St. L. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cemetery St. L. Mo

18. (a) Signature of funeral director: Boyd Bass 461
(b) Address: St. Louis Mo

19. (a) Sept 4 1940 (Date received local registrar) (b) S. A. Slaughter By E. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3d year 1940 hour 11 30 minute P M.

21. I hereby certify that I attended the deceased from Dec 30 1940 to Sept 3 1940, 19..; that I last saw him alive on 9-3-40, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broken neck	
Due to: Auto wreck & collision with another car	
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)~~: Auto wreck
(b) Date of occurrence: 9-3-40
(c) Where did injury occur? Madison Co Mo (City or town) (County) (State)
(d) Did injury occur in or near ~~home, on farm, in industrial place, in~~ public place? 6 Mi South of Fredericktown Mo Highway #61 (Specify type of place)
While at work? ..... (e) Means of injury: Auto wreck

23. Signature: H Harry Barron (M. D. ~~or other~~)
Address: Fredericktown Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side) Coroner Madison Co

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.

USE INDELIBLE BLACK INK—MAKE A PERMANENT RECORD

1 X19811

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~~ Stanley H. Dixon, Registered Apprentice No. 214 working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.