

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31900

Registration District No. 974

Primary Registration District No. 5387

Registrar's No. 50

1. PLACE OF DEATH:

(a) County. Douglas
(b) City or town or Roy Campbell
(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
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Laurie Comer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife John L. Comer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 18 hr. _____ min.

9. Birthplace Craw Fish, Ga. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife Minister

11. Industry or business _____

12. Name Wm. B. Hicks (City, town, or county) (State or foreign country)

13. Birthplace Ga. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Lawrence (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant L. Comer

(b) Address Roy, Missouri

17. (a) Burial (b) Date thereof 7-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Comer cemetery

18. (a) Signature of funeral director Friends
(b) Address _____

19. (a) 9-11-1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 15 1940 to July 2 1940
that I last saw her alive on July 2nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
Was operated on by Dr. Hargrave in Springfield, Mo. about 4 years ago and was unable to determine cause.

Other conditions (Include pregnancy within 3 months of death) 200 lbs

Major findings: (Was operated on in Springfield, Mo. about 4 years ago.)
Of operations: _____
Of autopsy: Found cause was known

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

23. Signature Dr. J. C. Ellis (M. D. or other) 1
Address Roy, Missouri Date signed 7-4-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number LOHO-2644

Date Filed OCT-2-1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.