

NOV 25 1940  
11-10-39  
5-17-39  
K21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36614

State File No. \_\_\_\_\_

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Vernon - Mo -

(b) City or town Nevada - Mo -  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 704 N. Ash 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 704 N. Ash (If rural, give location)

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

3. (a) PRINT FULL NAME Dyas Ellis Falcomb

3. (b) If veteran, name war no - 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1940 hour 3:30 minute A.M.

4. Sex Male 5. Color or race White 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: Jan 3, 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 26 1940 to Oct 28 1940 that I last saw him alive on Oct 28 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute nephritis

Due to Dont know

Due to Dont know

9. Birthplace Near Garden City Mo - 0  
(City, town, or county) (State or foreign country)

Other conditions Severe focal infection in mouth

10. Usual occupation Farming

Major findings: Of operations none

11. Industry or business \_\_\_\_\_

Of autopsy none

12. Name Thomas B. Falcomb - 1

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

14. Maiden name Jellie Parker

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

16. (a) Informant Mr Arthur Bell

(b) Address Kansas City, Kans.

17. (a) Burial (b) Date thereof 10/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marshall Eisinger

(b) Address Nevada Mo

19. (a) 10-30-40 (b) Ellen Falcomb  
(Date received local registrar) (Registrar's signature)

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? 705

23. Signature W. Love (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature W. Love (b) Date signed Oct 28/40  
Address Nevada, Mo

Duration Since June 1940.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

8  
2  
2

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1538

Date Filed 11-4-40

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Mark Lichner  
Licensed Embalmer No. 2656  
P. O. Address Nevada 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.