

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4749**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Simpson-Major Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 hours** **30**
(Specify whether years, months or days)

In this community **Over 10 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2528 Grand Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Ira Bradley McCombs**

3. (b) If veteran, Spanish Am. name war **World War**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **11th**
year **1940** hour **6:00** minute **A.** M.

4. Sex **Male**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Lena S. McCombs**

6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **August 31 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 10th 1940** to **Dec 11th 1940**, that I last saw him alive on **Dec 10th 1940** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	57	3	10	hr. min.

Immediate cause of death:
Occlusion of the coronary artery

Due to **Angina Pectoris** **Sudden**
3 yrs

9. Birthplace **Albia Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Owner & Operator**

11. Industry or business **Restuarant**

Other conditions (Include pregnancy within 3 months of death)

Due to **gila**

MOTHER FATHER

12. Name **John T. McCombs**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **II II**

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Lena S. McCombs**

(b) Address **2528 Grand Ave.**

17. (a) **Cremation** (b) Date thereof **12-13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **12/13/40** (b) **M. M. Broome**
(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? _____

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

23. Signature **Herman J. Meyer** (M. D. or other) _____
Address **3100 Euclid Ave. / CMO** Date signed **12/11/40**

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

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.....

A. R. Haenschuld

Licensed Embalmer No. *4159*

P. O. Address *Kansas city 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, fact should be so stated above.