

U. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 13 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42381**

Registration District No. **974**

Primary Registration District No. **5387**

Registrar's No. **81**

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava**
(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 (Specify whether)
In this community years, months or days **2**

8. (a) PRINT FULL NAME **HeLena C. ClayComb**

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 **F. M. ClayComb** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Oct. 10, 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 7 hr. min.

9. Birthplace **Fountaintown, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unknown**
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **F. M. ClayComb**
(b) Address **Roy, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-18-40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Tabor**

18. (a) Signature of funeral director **Friends**

(b) Address

19. (a) **12-4-1940** (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 **Ava**
(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 **7** day **17**
year **1940** hour **2** minute **19** M.

21. I hereby certify that I attended the deceased from **Sept 14, 1937**
to **Sept 10, 1940**
that I last saw **her** alive on **Sept. 16,** and that death occurred on the date and hour stated above.

Immediate cause of death **pernicious Anemias**

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature **Dr. J. C. Ellis** (M. D. or other)

Address **Home, Missouri** Date signed **12-2-1940**

RECEIVED

District Health Officer No. 6

District File Number

146-3079

Date Filed

JAN 3 1949

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.