

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2692

Registration District No. 346

Primary Registration District No. 5484

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Warren  
(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 3 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren  
(c) City or town Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. Warfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BLANCHE ADELINE COMBS

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blair Combs 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct 8 1901  
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Denver (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

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

12. Name Stirling Price Legg

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

14. Maiden name Blair Combs

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

16. (a) Informant W. A. Combs  
(b) Address Warfield, Mo.

17. (a) Burial (b) Date thereof Jan. 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director Arch C. Dumble  
(b) Address Warrenton City, Mo.  
19. (a) Jan 22 1941 (b) Chas. Adair  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23  
year 41 hour 10 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Dec. 3  
40, 1940, to 1-23-41, 1941  
that I last saw her alive on 1-22-41, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Luesis - 14.

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?

310 While at work: \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. A. Combs MD (M.D. or other) \_\_\_\_\_  
Address Warrenton City, Mo. Date signed 1/23/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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.....

*Arch C. Duffee*

Licensed Embalmer No. *3252*

P. O. Address *Grant 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, above space should be left blank.**