

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18562
Registrar's No. 63

Registration District No. 625
Primary Registration District No. 3031

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St Francis Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville (Rural)
(d) Street No. 4 3/4 East and 2 mi. South
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME VIRGIL NORRIS COMBS.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex ♂ M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Elizabeth Combs 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Oct. 14, 1911

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1941 hour 012 minute 25a.
21. I hereby certify that I attended the deceased from April 28 1941 to April 7 1941
that I last saw him alive on April 2 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Pneumonia
Due to Influenza
Due to _____
Other conditions 32W
(Include pregnancy within 3 months of death)

9. Birthplace Nodaway County Mo.
10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name James Walter Combs
13. Birthplace Nodaway Co. Mo.
14. Maiden name Harris Powers
15. Birthplace Harrison Co Mo.

16. (a) Informant Mrs. Ruby E. Combs
(b) Address Maryville Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 4, 1941
(c) Place: burial or cremation Oak Hill

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.
19. (a) 5-5-41 (b) Marion E. Clardy

23. Signature O. E. Combs (M. D. or other) _____
Address Maryville Mo Date signed 5/3/1941

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

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.