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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19626 17329

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 573

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs, 9 m, 15 ds (Specify whether
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton Linn 4
(c) City or town Marceline, Mo 7 (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.? 0 years.

3. (a) PRINT FULL NAME RAYMOND COMBS
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex MO
5. Color or race W
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 May (Month) 1 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
31	0	30	hr. min.

9. Birthplace Linn Co. (City, town, or county) Mo. 12 (State or foreign country)
10. Usual occupation Delivery boy
11. Industry or business
FATHER
12. Name unknown
13. Birthplace — (City, town, or county) ? 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)
16. (a) Informant F. L. Williams
(b) Address Marceline, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Marceline Mo
18. (a) Signature of funeral director James M Langlin
(b) Address Marceline Mo
19. (a) 6/1/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 5 30 minute P. M.
21. I hereby certify that I attended the deceased from May 31, 1941, to May 31, 1941; that I last saw him alive on May 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 months
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Schizophrenia	

Major findings:
Of operations
Of autopsy —

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature J K Thompson (M. D. or other) M.D.
Address State Hospital #2 Date signed 5.31.1941

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline Mo

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.