

FILLED NOV 10 1941

Registration District No. 10

Primary Registration District No. 449

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Fair Play Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Bolevan - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1941 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 11 1941 to July 4 1941
that I last saw him alive on June 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma lungs Duration 3 1/2

Due to _____
Due to _____
Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
Of autopsy none
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) 1
(b) Date of occurrence 1
(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)
Means of injury _____
23. Signature Chas H Brown (M. D. or other)
Address Fair Play Mo Date signed 7-1-41

3. (a) PRINT FULL NAME Artie Clemantine Combs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23 57
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Polk County (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Robert Hook

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

14. Maiden name Miss Hunt

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

16. (a) Informant Boy Wilson

(b) Address Adriek Mo

17. (a) Burial (b) Date thereof July 1, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cynon

18. (a) Signature of funeral director Dutchesont Co.

(b) Address Bolevan Missouri

19. (a) Oct 16 41 (b) Chas H Brown
(Date received local registrar) (Registrar's signature)

03 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1810

Date Filed 11-6-41

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, fact should be so stated above.

AY. 1