

Registration District No. 431

Primary Registration District No. 5023

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(c) Name of hospital or institution Martin Hotel  
(d) Length of stay: In hospital or institution 32 years  
In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(d) Street No. So. Holden - Martin Hotel  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar - day 13 -  
year 1942 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-13 1942  
that I last saw him alive on 3-11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gta  
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).....  
(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 A. Lee Cooper (M. D. or other)  
Address Warrensburg Mo Date signed 3-13-42

3. (a) PRINT FULL NAME John Louis DesCombes

3. (b) If veteran, name war none 3. (c) Social Security No none

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

6. (b) Name of husband or wife Sarah DesCombes 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Sep-5-1866

8. AGE: Years 75 Months 5 Days 8 hr. min.

9. Birthplace Lecton Mo

10. Usual occupation Retired Machinist

11. Industry or business

12. Name John Louis DesCombes

13. Birthplace Shrewes Mo

14. Maiden name Sally Virginia Deft

15. Birthplace Unknown Ark

16. (a) Informant L. L. DesCombes

(b) Address Warrensburg - Mo

17. (a) Burial (b) Date thereof Mar-15-1942

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Greeney Dilly

(b) Address Warrensburg Mo

19. (a) Mar-13-42 (b) Lela M. Williams

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

257  
2095

0.51  
11112

1000

District Officer No. 8,

District File Number.....

Date Filed 4-8-42

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**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.....

*Earl Priest*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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, fact should be so stated above.**