V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13275

Registrar's No. 1690

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Labor Temple 1402 Woodland (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 — unk

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C. (If outside city or town limits, write "RURAL") 3

(d) Street No. 1903 Kansas (If rural, give location) 8

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME CHAS. J. COMSTOCK

3. (b) If veteran, name war —

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Musetta May

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 22 (Month) 1886 (Day) (Year)

8. AGE: Years 56 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Howard County Mo! (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

FATHER
12. Name Thomas A. Comstock
13. Birthplace Howard County Mo! (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Perkins
15. Birthplace Howard County Mo!! (City, town, or county) (State or foreign country)

16. (a) Informant Musetta May Comstock

(b) Address 1903 Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Higbee Mo.

18. (a) Signature of funeral director H. Tiguman & Sons

(b) Address K.C. Mo

19. (a) 4-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 4-29-42 year ..... hour ..... minute 3:35 P.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that he/she occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death

Acute pulmonary congestion

Due to Chronic myocardial scarring

Due to Coronary sclerosis 93 d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

Duration

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? (Specify type of place)

While at work? (Specify type of place) (Name of injury)

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 ~~2744~~ Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Pugsley

Licensed Embalmer No. K.C. 2744

P. O. Address Mo. K.C.

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.