

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20580

State File No. _____

Registration District No. 40

Primary Registration District No. 5066

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Iantha Central Twp
(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)
In this community 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Iantha
(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.? _____ years.

3. (a) PRINT FULL NAME JOSEPH ELIJAH COMBY

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

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

6. (b) Name of husband or wife Minnie B. Comby 6. (c) Age of husband or wife alive years

7. Birth date of deceased December 5 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 0 hr. _____ min.

9. Birthplace Chamois, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Rural Mail Carrier
11. Industry or business U. S. Postal Service

MOTHER FATHER { 12. Name Julius Comby
13. Birthplace Paris, France
(City, town, or county) (State or foreign country)
14. Maiden name Calotia Griffith
15. Birthplace Montgomery County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie B. Comby
(b) Address Iantha, Missouri
17. (a) Burial (b) Date thereof June 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri
19. (a) 6-6-42 (b) Martha Rivers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 5, 1942
that I last saw him alive on June 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____
Due to _____

Other conditions g4a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ (e) Means of injury _____
23. Signature Thos. F. Miller (M. D. or other) _____
Address Lamar Mo. Date signed 6/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 742-963

Date Filed JUL 13 1942

JUL 28 1942

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.....

Sam E. Penney Jr.

Licensed Embalmer No. 4099

P. O. Address..... Lamar, Missouri

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.