S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24112

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 117

24
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs., 5 min. (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 Main Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No - U.S.A. life 1 years.

3. (a) PRINT FULL NAME Theodore Eldridge McComb
3. (b) If veteran, name war World War
3. (c) Social Security No. Yes Not remembered
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Catherine McComb
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased November (Month) 24 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	7	28	hr. min.

9. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business -
FATHER
12. Name James McCombs
13. Birthplace - (City, town, or county) Virginia 1 (State or foreign country)
MOTHER
14. Maiden name Josie Jones
15. Birthplace - (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant Hospital records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director Claude Prichard
(b) Address CLAUDE PRICHARD, Undertaker Excelsior Springs, Mo.
19. (a) 7-24-42 (Date received local registrar) (b) Missadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1942 hour 5:20 minute P. M.
21. I hereby certify that I attended the deceased from July 22, 1942, 19__, to July 22, 1942, 19__; that I last saw him alive on July 22, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bacterial Endocarditis with subpial congestion	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

91b

Major findings:
Of operations
Of autopsy Acute bacterial endocarditis.

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? (e) Means of injury (D)
23. Signature George Lerner (M. D. or other) M.D.
Address George Lerner Veterans Administration Excelsior Springs, Mo. Date signed 7-22-42

1144 (Licensed Embalmer's Statement on Reverse Side)

R.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-42

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 Robert Ray
Licensed Embalmer No. 4182
P. O. Address Excelsior Spgs., 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.