

7. S. No. 2
OM-5-42
5-17-39
I X227

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

RECORDED MAR 19 1943

Registration District No. 170

Primary Registration District No. 3038

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME LAURA MAY Mc COMB

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Dr. J. A. Mc Comb 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 14 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Raleigh Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willis A. Spiller

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

14. Maiden name Nancy C. Stinson

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

16. (a) Informant Dr. J. A. Mc Comb

(b) Address 203 Harwood Ave Lebanon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holzman

(b) Address Lebanon Mo

19. (a) 2-5-43 (Date received local registrar) (b) Gruse Roper (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 203 Harwood Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Sept 15 1942 to Jan 30 1943
that I last saw h. _____ alive on 1-30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Softening of brain

Due to clot on brain
from Sept 15 - 42

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Laura May Mc Comb (M. D. or other) _____
Address Lebanon Mo Date signed 2-2-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. ~~2-48-17~~ *Laclede County Health Office*
District File Number *2-48-17*
Date Filed *3-16-43*

FEB 7 1943

MAY 25 1945

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 *Dorsey M. Howe*
Licensed Embalmer No. *4222*
P. O. Address *Lebanon 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.