

Registration District No. 15 Primary Registration District No. 3004

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 60 years
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME GRACE DAVIS COMBS
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8 th
year 1943 hour 11 minute 30 P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife O. P. Combs
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 25 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb - 1 1943 to Apr 8 1943
that I last saw her alive on April 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days
68 0 13
If less than one day hr. min.

Immediate cause of death.
Broncho. Pneumonia

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

Due to Acute myocardite
Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name James Davis
13. Birthplace Watseka, Illinois
14. Maiden name Sayre
15. Birthplace Watseka, Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
107
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant O. P. Combs
(b) Address Lamar, Missouri

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof April 12 1943
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) 4-12-43 (b) Martha Kruer
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature M. E. Duckert (M. D. or other) M.D.
Address Lamar, Mo. Date signed 4-12-43

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

6
1
1

RECEIVED

District Health Officer No. 6,

District File Number 543-596

Date Filed MAY 12 1943

11

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.....

Barclay Kowitz

Licensed Embalmer No. 2247

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.