V. S. No. 2
50M—5-42
Rev. 5-17-39
Form I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15036

State File No.

Registration District No. 254 Primary Registration District No. 4386 Registrar's No.

75 1 0

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Virginia Ann Komm
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 10 (Day) 1942 (Year)
8. AGE: Years Months 4 Days 1 If less than one day hr. min.
9. Birthplace Mammoth Spring (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Edward C. Komm
13. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Wilma Virginia Thomasson
15. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Creel Thomasson
(b) Address Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer Cem.
18. (a) Signature of funeral director Leo Dare
(b) Address Thayer, Mo.
19. (a) 4-10-1943 (Date received local registrar) (b) Fae D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from November 10, 1942 to March 10, 1943 that I last saw her alive on March 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac insufficiency	
Due to Congenital malformation of heart	
Due to ?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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
23. Signature Mildred Blair (M. D. ~~or other~~) 0
Address Mammoth Spring Date signed 4-9-43

1112 (Licensed Embalmer's Statement on Reverse Side)

Ark.

RECEIVED
District Health Officer No. 5,
District File Number 542586
Date Filed 5-4-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.