

FILED OCT 13 1943

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3340 - Norledge 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo
(Specify whether
In this community 3 yrs
years, months or days)

3. (a) PRINT FULL NAME Vada Combs

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Joseph H Combs 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Aug 12 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 18 hr. min.

9. Birthplace De Calb. C. Mo
(City, town or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business

MOTHER FATHER { 12. Name Solomon Myer
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mariana Telet
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant R. K. Myer

(b) Address 8115 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Wm C R Foster

(b) Address 914 Broadway

19. (a) 10-1-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1311 E - 42
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1943 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 9-31-43
to 9-30-43, 1943,
that I last saw him alive on 9-30-43, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to arteriosclerosis
Due to 97
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature P. E. Brown (M. D. or other)
Address 3200 Norledge Date signed 9-30-43

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

Handwritten notes at the top of the page, including "1000" and other illegible scribbles.

Handwritten notes in the middle of the page, including "1000" and other illegible scribbles.

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed *King & Browning*.....

..... Licensed Embalmer No. 27-24.....

..... P. O. Address K. P. no.....

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.