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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1137

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

1. PLACE OF DEATH:

(a) County Buehman

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

(c) Name of hospital or institution 610 Independence Ave
(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 abt 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buehman

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

(d) Street No. 610 Independence Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN-T-McCOMBS

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male S. Color Wh race Wh

6. (a) Single, widowed, married, divorced 2 Wed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 6 9 hr. _____ min.

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

10. Usual occupation Retired Emp. St. Joe Street Railway Co.

11. Industry or business _____

12. Name Charles McComb

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

14. Maiden name Anna Wallace

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

16. (a) Informant R.H. McCombs

(b) Address _____

17. (a) B (Burial, cremation, or removal) (b) Date thereof Oct 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St Joseph Mo

19. (a) 10-18-43 (Date received local registrar)

(b) Jose Hlyog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1943 hour 6:55 minute P M.

21. I hereby certify that I attended the deceased from Oct 8, 1943 to Oct 15, 1943 that I last saw him alive on Oct 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli Duration 4 days

Due to arterial insufficiency 1 yr

Due to _____

Other conditions 92 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J.R. Elliott (M. D. or other) MD

Address 801 1/2 Francis St Date signed 10/18/43

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.....

John Roy Clancy

Licensed Embalmer No. *2435*

P. O. Address.....

St Joseph 7th

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.