S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

Far C. L. Forster

State File No. 37

Registrar's No. 4882

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: 1012 Olive
~~K. C. General Hospital No. 1 O. P. D.~~
(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 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 Olive 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel Combs

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary E. Combs

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased ~~November 17~~ 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Real Estate agent

11. Industry or business Retired

FATHER
12. Name Jim Combs
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Jane No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Craig Combs
(b) Address 1116 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill K.C.R.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-20 Brooklyn

19. (a) 11-19-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from October 6th, 1943, to November 14, 1943; that I last saw him alive on November 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Arterio-sclerotic heart disease

Due to .....

Due to 93d

Other conditions .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Sherry R. Thorn (M. D. or other)
Address Med. Div. Gen'l Hosp. Date signed 11-18-43

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph M. Rinnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.