

FILED MAR 17 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5551

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains, R. F. D.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Howell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town West Plains, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George H. McComb

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife America McComb 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 12th 1857 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nathan McComb  
13. Birthplace Massachusetts (City, town, or county) (State or foreign country)  
14. Maiden name Hinerva Cooley  
15. Birthplace Massachusetts (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Douglas Laing  
(b) Address Detroit, Michigan

17. (a) B (b) Date thereof 2-4-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Howell Valley

18. (a) Signature of funeral director Robertsons  
(b) Address West Plains, Missouri

19. (a) 2-18-44 (b) Paul Laing (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ at no \_\_\_\_\_ time \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ socially, about 1/10/44 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure. Duration \_\_\_\_\_  
I think. He was found dead in bed one morning, I am told.

Due to Chronic Bronchial Asthma. with Bronchorrhea. And Senility and great emaciation.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 112 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 R. A. Sparks (M. D. \_\_\_\_\_)  
Address West Plains, Mo. Date signed 2/12/44

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

116  
5  
0

1123

RECEIVED

District Health Officer No. 5,

District File Number

344172

Date Filed

5-6-44

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

*H. L. Robertson*

Licensed Embalmer No.

3435

P. O. Address

*West Hill, N.C.*

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.