

FILED APR 8 1944
Registration District No. 23

Primary Registration District No. 5094

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

1. PLACE OF DEATH: *Dates*
(a) County *Dates*
(b) City or town *Rich Hill - Rural*
(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)
In this community *64 yrs* years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State *MO* (b) County *Dates*
(c) City or town *Rich Hill - Rural*
(d) Street No. *1-MI. NORTH - Hwy 71*
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *JOHN M. McComb*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *DS*
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *MAY 30 1875*
(Month) (Day) (Year)

8. AGE: Years *68* Months *9* Days *1* If less than one day _____ hr. _____ min.

9. Birthplace *BIRMINGHAM* (City, town, or county) *ILL.* (State or foreign country)

10. Usual occupation *COAL OPERATOR*

11. Industry or business *COAL*

MOTHER FATHER { 12. Name *DAVID McComb*
13. Birthplace *SCOTLAND* (City, town, or county) (State or foreign country)
14. Maiden name *ELIZABETH HIGHTS*
15. Birthplace *WALGT* (City, town, or county) (State or foreign country)

16. (a) Informant *Edna Douglas*
(b) Address *Rich Hill Mo.*

17. (a) *BURIAL* (Burial, cremation, or removal) (b) Date thereof *3-3-44* (Month) (Day) (Year)

(c) Place: burial *GREENWAY CEM.*

18. (a) Signature of funeral director *Dogth*
(b) Address *Rich Hill Mo.*

19. (a) *3-3-44* (Date received local registrar) (b) *Mrs. Edna Douglas* (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Mar* day *1st* year *1944* hour *7:25* minute *2* M.

21. I hereby certify that I attended the deceased from *May 18* 19*43* to *March 10* 19*44*; that I last saw him alive on *Mar 24* 19*44*; and that death occurred on the date and hour stated above.

Immediate cause of death *Renal insufficiency*
Due to *hypertension*
Due to *myocardial failure*
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations *83a1*
Of autopsy _____

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? _____

23. Signature *James J. Allen* (Specify type of place) (a) Means of injury _____
Address *Rich Hill Mo.* Date signed *Mar 10 1944*

Duration *9 mo.*
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-44-355

4-7-44

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

John J. Underwood
Licensed Embalmer No. 3585
P. O. Address Rittler 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.