

Registration District No. 109

Primary Registration District No. 41412

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Agnes Comer

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Samuel Comer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Jett
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Gilley
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. J. Mathis
(b) Address Campbell, Mo

17. (a) Burial (b) Date thereof May 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill, ARK.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 1944
year hour _____ minute a M.

21. I hereby certify that I attended the deceased from May 18 1944 to May 19 1944
that I last saw her alive on May 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 1 week

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 83a
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 site of place) _____
While at work _____ (e) Means of injury _____
23. Signature W. J. Ruediger M.D. or other _____
Address Campbell, Mo Date signed 5/23/44

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

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7823

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Junip
Registrar's No. 12

Registration District No. 109

Primary Registration District No. 4180

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Campbell
(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 _____ years, months or days

3. (a) PRINT FULL NAME Mathie A. Comer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 15 1908
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 2 (Unless than one day) min.

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

10. Usual occupation Stenographer

11. Industry or business _____

12. Name John Jett

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

14. Maiden name Elybeth

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

16. (a) Informant Mrs J. Mathie
(b) Address Campbell, Mo.

17. (a) _____ (b) Date thereof May 20 - 48
(Burial, cremation, etc.) (Month) (Day) (Year)
(c) Place: burial or cremation Shamel Bell

18. (a) Signature of funeral director Lloyd Russell
(b) Address Peggott, Arkansas
19. (a) 6-2-1944 (b) Mrs L.P. Oliver
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar Day 20 Year 1948 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death cerebral hemorrhage

Duration

Due to _____
Due to _____

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? _____

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

23. Signature W.J. Rutledge (M. D. or other) M.D.
Address Campbell, Mo. Date signed _____

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

SUPPLEMENTARY

17927