. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23525

FILED JUL 24 1945

State File No.

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 767

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Rural, Washington, Tuns
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1736 South 40th. Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adams

(c) City or town Quincy,
(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 Itol Smith,

3. (b) If veteran, name war None,

3. (c) Social Security Unknown,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown,

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

7. Birth date of deceased October 9th. 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	7	hr. min.

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

10. Usual occupation Employer,

11. Industry or business Restaurant,

FATHER
12. Name Reek Combs,
13. Birthplace Columbus, Ohio,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy George,
15. Birthplace Columbus, Ohio,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Worland.
(b) Address 1736 So.40th. Street,

17. (a) Burial (b) Date thereof 7/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St.Jo.Mem.Park Cem.

18. (a) Signature of funeral director Heaton-Bergen & Bowman
(b) Address 319 So.10th. Street,

19. (a) 7/17/45 (b) Helen I. Pickle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 16th.
year 1945 hour 11:00 minute a. M.

21. I hereby certify that I attended the deceased from 6/28 1945, to July 16, 1945
that I last saw her alive on July 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemor.	1 mo
Due to Chr. Hypertension	[illegible]
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. R. Timmerman (M. D. or other)
Address 734 Ill Ave Date signed 7/16/45

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. R. Zimmerman
231 Ellinwood

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address S. Joseph

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.