

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23862

State File No. _____

FILED JUL 30 1945

Registration District No. _____

Primary Registration District No. 5399

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Roy Rural Carmhell Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 Rev. John L. Comer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laurie Hicks Comer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 10 hr. min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Steven Comer
13. Birthplace Lebanon, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lary Cox
15. Birthplace Williamburg, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Comer
(b) Address Roy Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-45
(Month) (Day) (Year)
(c) Place: burial or cremation Comer Cem

18. (a) Signature of funeral director Clint Klinkbeard Funeral H
(b) Address Ava, Missouri

19. (a) 7-1-1945 (Date received local registrar) (b) Lula Spurlack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Roy (b) County Douglas
(c) City or town Roy
(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 April day 7 year 1945 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from April 1st to April 7, 1945,
that I last saw him alive on April 6, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 1 wk

Due to Infarction 2 wks

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? _____

23. While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R M Norman (M. D. or other) Apr 20
Address Ava Mo Date signed _____

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

RECEIVED
District Health Officer No. 6,
District File Number 745-816
Date Filed JUL 27 1945

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

W B Hutchinson

Licensed Embalmer No.

3431

P. O. Address

W B

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.