S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24496

Registration District No. 5865

Primary Registration District No. 5865

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Jobe
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Couch (Rural)
(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

3. (a) PRINT FULL NAME Nathan Combs

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Susie Hefner

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

7. Birth date of deceased March (Month) 25 (Day) 1864 (Year)

8. AGE: Years 84 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer and Retired Minister

11. Industry or business

FATHER
12. Name Elihue Combs
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. W. Combs
(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Cotton Creek Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 7/15/46 (Date received local registrar) (b) Edith Crass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1946 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from ~~June 1 1946~~ May 1st 1946 June 8 1946
that I last saw him alive on June 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valver Heart
High Blood Pressure & Sterility

Due to

Due to Old Age & Heart trouble

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 G B Forest (M. D. or other)
Address Alton Mo. Date signed 6/19/46

504 (Licensed Embalmer's Statement on Reverse Side)

Forest.

RECEIVED
District Health Officer No. 5,
District File Number 746428
Date Filed 7-18-46

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.