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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 25 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 277

Primary Registration District No. 5949

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 86-8-11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi S.W. of Bowling Green  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Perry A. Tombs

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color White 6. (a) Single, married divorced, Married

6. (b) Name of husband or wife Alma Tombs 6. (c) Age of husband or wife if alive - years 6 - 1860

7. Birth date of deceased Nov. 6 (Month) (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Coronary Thrombosis

8. AGE: Years 86 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Pike Co - Cuiver Missouri (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

11. Industry or business Samuel A Tombs

12. Name Samuel A. Tombs

13. Birthplace Pike Co Mo. ( ) (City, town, or county) (State or foreign country)

14. Maiden name Susan Whitledge

15. Birthplace Don't know Mo ( ) (City, town, or county) (State or foreign country)

16. (a) Informant Dan Tombs

(b) Address Bowling Green

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem.

18. (a) Signature of funeral director W. B. E. Moore

(b) Address Bowling Green

19. (a) 7/20/46 (b) Bill Robinson (Date received final registers) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature S. A. Godwin (Date signed 7.17.46)

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1448

Date Filed JUL-24-1946

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. Elmore*

Licensed Embalmer No. ....

3466

P. O. Address.....

*Bowling Green*

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.