

FILED MAR 26 1947
Registration District No. 176

Primary Registration District No. 5568

State File No.

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1422 Cedar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 6 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *48*

(c) City or town Independence *Rural* *0*
(If outside city or town limits, write "RURAL")

(d) Street No. 1422 Cedar *6*
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) *0*
If yes, name country.....

3. (a) PRINT FULL NAME Gertrude Frances Newton Combs

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1947 hour 5 minute 30 *a* M.

21. I hereby certify that I attended the deceased from 12-1-1946 to 2-28-1947
that I last saw her alive on 2-26-1947
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Roswell Combs

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May-25-1912
(Month) (Day) (Year)

Immediate cause of death.....
Coronary occlusion *3 mo*

Due to Staphylococcus *6 weeks*
puridans Septicemia

Due to.....

8. AGE: Years Months Days If less than one day

34 9 3 hr. min.

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... *94A*

Of autopsy.....

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

10. Usual occupation housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name James Brown

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

14. Maiden name Edith Boyles

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

16. (a) Informant Mr. Roswell Combs

(b) Address 1422 Cedar Indep. Mo.

17. (a) Rural (b) Date thereof Mar-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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.....

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Missouri

19. (a) 3-15-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address 724 Prof. Bldg. (Date signed) Mar 27 1947

Dr. L.G. Potter
Prof. J. Bids.
Via 7321

10-12 AM
2-5 - PM

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.....

Jerry A. Minner

Registered Apprentice No. *437*

working under my personal supervision.

Signed *Carlton Minner*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*
St. C. No.

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.