

No. 2
12-45
17-39
X47070

FILED MAY 5 1947
Registration District No. 1202

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 802 Rex Crossing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Rex Crossing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Comstock

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased February 25 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 8 hr. min.

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

10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER { 12. Name Page Fisher
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unica Stamps
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs N.H. Carson
(b) Address 802 Rex Crossing

17. (a) Burial (b) Date thereof Apr 4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri.

19. (a) 4-4-47 (b) Colores Damiano D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1947 hour 11 minute 45.8 M.

21. I hereby certify that I attended the deceased from NOV 1946
1946 to 31 MARCH 1947
that I last saw her alive on 31 MARCH 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro-vascular lesion
Aneurysm
Duration 5 years

Due to
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?

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

23. Signature [Signature] (M. D. or other)
Address: Joplin Mo Date signed 4-4-47

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

47-3-307

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..... *David Allison*.....

Licensed Embalmer No..... *3898*.....

P. O. Address..... *Joplin, Mo.*.....

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.