V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 4 1947

Registration District No. 2 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 18184

Registrar's No. 35

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1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2hrs. (Specify whether
In this community: 2 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: 5 Miles South California
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

3. (a) PRINT FULL NAME: Jean Ellen Comer
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: May (Month) 19th (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	2 hr. min.

9. Birthplace: California (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER 12. Name: John T. Comer
13. Birthplace: Moniteau County (City, town, or county), Missouri (State or foreign country)
MOTHER 14. Maiden name: Ethel Gish
15. Birthplace: Tipton (City, town, or county), Missouri (State or foreign country)
16. (a) Informant: John T. Comer
(b) Address: California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Cemetery, Tipton, Mo
18. (a) Signature of funeral director: Jennie E. Richard
(b) Address: Tipton, Mo.
19. (a) 5-22-47 (Date received local registrar) (b) H R Popejoy (Registrar's signature) F-102

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 19th year: 1947 hour: minute: M.
21. I hereby certify that I attended the deceased from May 19, 1947, to May 19, 1947; that I last saw he alive on May 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to: 6 months	
Due to: Cause unknown	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Kenyon Latham (M. D. or other)
Address: California, Mo Date signed: 5-21-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 6-3-47
Date Filed

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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.