

S. No. 2  
JM-5-43  
v. 5-17-39  
P I X36671

28304

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED AUG 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 12

Registration District No. 192 Primary Registration District No. 4308

1. PLACE OF DEATH:  
(a) County McDonald  
(b) City or town Noel  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 15 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town Noel  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MABEL McCOMBS  
3. (b) If veteran, name war no 3. (c) Social Security No. 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 November 13 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business at home

MOTHER, FATHER {  
12. Name Ben Bradbury  
13. Birthplace Fort Smith Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Weaver  
15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lema Perdue  
(b) Address Noel, Missouri

17. (a) Removal (b) Date thereof July 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial of cremation xxxx Mt. Pleasant, Arkansas

18. (a) Signature of funeral director John B. Polinson  
(b) Address Goodman, Missouri

19. (a) 8-11-47 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 14  
year 1947 hour \_\_\_\_\_ minute 2 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1945, to July 14, 1947  
that I last saw her alive on July 12, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death coronary insufficiency Duration 1 day  
Due to sub-acute myocarditis 2 yrs  
Due to chronic nephritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury \_\_\_\_\_  
23. Signature Dr. J. J. Frinter (M. D. or other) Dr.  
Address Noel, Mo. Date signed July 14

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

RECEIVED  
District Health Officer No. 6,  
District File Number 847-853  
Date Filed AUG 15 1947

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 *John B. Popineau*  
Licensed Embalmer No. *4446*  
P. O. Address *Goodman, 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.