

No. 2
-1/47
3-17-39

FILED NOV 4 1947
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **3732 TRACY AVENUE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **1883-1947** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON 49**
(c) City or town **KANSAS CITY** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **3732 TRACY AVENUE** 8
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK ROBERT COMBS**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **486-09-1817**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. CORA BELL COMBS**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **AUG. 30 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **23**
If less than one day hr. min.

9. Birthplace **BALDWIN KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED 2YRS SWNER INTERSTATE 3000**

11. Industry or business **BINDING COMPANY**

12. Name **ANDREW COMBS**

13. Birthplace **UNKNOWN ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARINET CLARK**

15. Birthplace **UNKNOWN INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS F R Lamb**
(b) Address **3732 Tracy**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **OCT 25 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **C. H. Newman**
(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **10-24-47** (Date received local registrar) (b) **Heraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **23** rd
year **1947** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to _____
Due to _____

Other conditions (Include those within 3 months of death)
Deputy Coroner
Major findings: **g/a**
Of operations _____
Of autopsy **See Above**

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)
Means of injury _____

23. Signature **A. E. Oscher** (M. D. or other) **M.D.**
Address **2809 Franklin St** Date signed **10/23/47**

Duration _____
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 *D. D. Noflinger*

Licensed Embalmer No. *3958*

P. O. Address *Kansas City, 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.