No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 746

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

34750

State File No.

Registrar's No. 292

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 703 N. Liberty 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: EDWARD T. COMBOY
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Teresa C. Comboy
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Feb. 14 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace: Independence, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:

FATHER
12. Name: Edward Comboy 4
13. Birthplace: Ireland
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Jo Ann Howard 4
15. Birthplace: Ireland
(City, town, or country) (State or foreign country)

16. (a) Informant: Mrs. Teresa Comboy
(b) Address: 703 N. Liberty
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem.
18. (a) Signature of funeral director: George E. Carson
(b) Address: Independence, Mo.
19. (a) 10-15-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1947 hour 12-01 minute A M.

21. I hereby certify that I attended the deceased from Sept 2, 1947, to Sept 5, 1947, that I last saw him alive on Sept 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute circulatory failure	7 hrs
Due to: Bowel obstruction (constricting adhesion)	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 29	
Major findings: Of operations: See above	
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: 0

23. Signature: Vance E. Lind, M.D. (M. D. or other)
Address: Independence, Mo Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Darlene H Meyer Registered Apprentice No. 5706 working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence

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.