

FILED JAN 5 1948

Registration District No. **72**

Primary Registration District No. **4134**

Registrar's No. **140**

1. PLACE OF DEATH:

(a) County **Chap**  
(b) City or town **Smithville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Smithville Community Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 hours**  
(Specify whether  
In this community **LIFE TIME**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chap** **24**  
(c) City or town **NASHUA** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **NONE**

3. (a) PRINT FULL NAME **WALTER McCOMAS**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **White** 6. (a) ~~Single~~, widowed, ~~married~~, divorced **widowed**  
6. (b) Name of husband or wife **MARY SAMUELS** 6. (c) Age of husband or wife if deceased **DECEASED** years  
7. Birth date of deceased **SEPTEMBER 4 1863**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>2</b>	<b>29</b>	hr. min.

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

10. Usual occupation **FARMER (RETIRED 20 YRS)**

11. Industry or business **AS ABOVE**

MOTHER FATHER  
12. Name **Elisha McComas**  
13. Birthplace **Platte County Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **KATHERINE HATES**  
15. Birthplace **Platte County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. THELMA BLAKE**

(b) Address **Edgerton Missouri**

17. (a) **Burial** (Burial, cremation, or other) (b) Date thereof **12/5/47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Smithville, Mo.**

18. (a) Signature of funeral director **McComas Funeral Home**  
(b) Address **Smithville Missouri**

19. (a) **Dec 5-47** (Date received local registrar) (b) **Beulah Kitchen** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **3rd**  
year **1947** hour **4** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from **10:30 AM**  
**NOV. 3** 1947 to **4:30 PM NOV. 3** 1947  
that I last saw him alive on **NOV. 3** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock** Duration  
Due to **Burns, multiple of face, arms, chest & abdomen**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **10/1**  
Of autopsy **1/5**  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
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) **VI**  
(b) Date of occurrence **24**  
(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 **Ray J. Lowry** (M. D. or other) **0**  
Address **Smithville, Mo.** Date signed **12-3-47**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-27-47

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 CH

CH Registered Apprentice No. CH  
working under my personal supervision.

Signed Dwight Boggess Jr.  
Licensed Embalmer No. 3940

P. O. Address Smithville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Jan  
Registrar's No. 140

Registration District No. 72 Primary Registration District No. 434

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

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

3. (a) PRINT FULL NAME Walter McComar  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec Day 3 Year 1944 Hour \_\_\_\_\_ minute \_\_\_\_\_ M. \_\_\_\_\_  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years 84 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence December 3, 1944  
(c) Where did injury occur? Nashua, Clay Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in his home - House did not burn  
While at work? no (Specify type of place) (e) Means of injury while lighting a stove

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place; burial or cremation)  
18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

23. Signature Ray F. Lowry (M. D. or other)  
Address Smithville, Mo. Date signed 1-20-48

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

SUPPLEMENTARY

MOTHER FATHER

41176