

No. 2
8-43
5-17-39
KX37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7748

State File No. _____

FILED MAR 26 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
303 W. Ft. Scott St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ----
(Specify whether
In this community. ----
years, months or days)

3. (a) PRINT FULL NAME Edith Ellen McComb

3. (b) If veteran, name war. ----

3. (c) Social Security No. -----

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Charles A. McComb

6. (c) Age of husband or wife if alive 77

7. Birth date of deceased January 21 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 1 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business -----

12. Name Elias O'Rear

13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Luticia A. Brannock

15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. McComb

(b) Address 303 W. Ft. Scott St.

17. (a) Burial (b) Date thereof 2 - 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oakhill Cemetery

18. (a) Signature of funeral director. Culver-Underwood

(b) Address Butler, Missouri

19. (a) 2-21-48 (b) pendell Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler
(If outside city or town limits, write "RURAL")

(d) Street No. 303 W. Ft. Scott St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 4 1948 to Feb 20 1948
that I last saw her alive on Feb 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

generalized

Due to the Arterio Sclerosis.

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy 03H

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 Charles W. Culver (M. D. or other) MD

Address Butler, Mo Date signed 2/25/48

RECEIVED

District Health Officer No. 7,

District File Number 2-4P-304

Date Filed 2-26-48

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 J. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.