No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1948

Registration District No. 24

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9517

Primary Registration District No. 4360

Registrar's No. 13

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 611 E. 7th. St.
(If not in hospital or institution, write street number or location)

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

In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 611 E. 7th. St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lula Combs

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife M.L. Combs

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February (Month) 14 (Day) 1887 (Year)

8. AGE: Years 61 Months 1 Days 3 If less than one day X hr. X min.

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

10. Usual occupation House-wife

11. Industry or business X

FATHER
12. Name John Braswell
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Louiza Hurley
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Paul Combs
(b) Address Portageville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cem.

18. (a) Signature of funeral director H.S. Smith Funeral H
(b) Address Caruthersville, Missouri

19. (a) 3-21-48 (Date received local registrar) (b) Ellen De Reske (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 th. year 1948 hour 10:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1947, to March 17, 1948; that I last saw he alive on March 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Maliguant Hypertension & Pulmonary Edema	2 yr 1 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Obesity	30 yr

Major findings:
Of operations
Of autopsy

PHYSICIAN

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John J. Killian (M. D. or other)
Address Portageville Mo Date signed 3-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-458 4
Date Filed 4-7-48

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 William D. Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.