

FILED SEP 7 1948

Registration District No. **59**

Primary Registration District No. **4105**

Registrar's No. **151**

1. PLACE OF DEATH:
(a) County **Cass**
(b) City or town **Peculiar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **No Number**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Cass** **19**
(c) City or town **Peculiar** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **No Number** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) FULL NAME **Virginia Bell Combs**
(b) If veteran, name war **No**
(c) Social Security No. **None**
(d) Sex **Female** (e) Color of hair **Wh**
(f) Race **W. G.**
(g) Name of husband or wife **Mitchell R. Combs**
(h) Age of husband or wife if alive **Deceased**
(i) Birth date of deceased **Feb 7 1862**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **29**, year **1948** hour **11** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **Aug 27**, 19**48** to **Aug 29**, 19**48**
that I last saw her alive on **Aug 29**, 19**48** and that death occurred on the date and hour stated above.
Immediate cause of death: **Cerebral Hemorrhage** Duration **2 days**

8. AGE: Years **86** Months **6** Days **22** If less than one day hr. min.

9. Birthplace: **Pittman Co. Ky.** (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:

12. Name: **David Lee** **9**

13. Birthplace: **Not known** (City, town, or county) (State or foreign country)

14. Maiden name: **Hannah Walters**

15. Birthplace: **Not known** (City, town, or county) (State or foreign country)

16. (a) Informant: **Lestiel Combs**

(b) Address: **5118 E. 27th K.C. Mo.**

17. (a) Burial: **Peculiar, Mo.** (b) Date then **Sept. 31 48** (Month) (Day) (Year)

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

18. (a) Signature of funeral director: **William J. Jones**

(b) Address: **Kennett Mo.**

19. (a) Date received local registrar: **Aug. 31-48** (b) **Sandra J. Jones** (Registrar's signature)

Due to

Due to

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

Major findings: **93**
Of operations

Of autopsy

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) (e) Means of injury

23. Signature: **Walter V. Robbins** (M. D. or other) **MD**

Address: **Peculiar, Mo.** **Date signed:** **8/31/48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

5:
12/11/11

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 Floyd Atkinson
Licensed Embalmer No. 3970
P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.