S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26212

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3324

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 3603 FLORA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - - (Specify whether
In this community 12 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 3603 FLORA AVENUE 3
(If rural, give location) 8

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country - - - - - -

3. (a) PRINT FULL NAME MRS. LOULIE VERSIA COMER

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-24-1147

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. WALTER BAXTER COMER

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

7. Birth date of deceased APRIL (Month) 15 (Day) 1880 (Year)

8. AGE: Years 68 Months 3 Days 29 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business - - - - - -

FATHER
12. Name WILLIAM IRICK
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name MARGARET SMITH
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mr. E. Ruth Parmer

(b) Address 3603 Flora

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-16-48 (Date received local registrar) (b) Geraldine Holm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14TH year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 4-1, 1948 to 8-14, 1948 that I last saw her alive on 8-14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolic auricular fibrillation mitral regurgitation

Due to myocardial damage coronary artery

Due to [illegible]

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy 0

Duration

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) NO

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work? (e) Means of injury

Signature [illegible] (M. D. or other)

Address 50 O Argyle Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

800 Argyle Bldg.
- 5

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.