FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1948

Registration District No. 2673

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5915

State File No. 27240

Registrar's No. 56

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural Central Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perryville R. F. D. #4 (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Perry 79
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street: Perryville, R. F. D. #4 (If rural, give location) 0 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Joseph Emmanuel Comte
3. (b) If veteran, name war: .....
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) ~~Single, widowed, married, divorced~~: Widower
6. (b) Name of ~~husband or~~ wife: Mary Thorpe
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 5 (Day) 1871 (Year)

8. AGE: Years 77 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business: .....
FATHER
12. Name: Emmanuel Comte
13. Birthplace: France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Gremand
15. Birthplace: France (City, town, or county) (State or foreign country)
16. (a) Informant: Leo Comte
(b) Address: Perryville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Hope Cemetery
18. (a) Signature of funeral director: Ben Funeral Home
(b) Address: Perryville, Mo.
19. (a) 8-14-48 (Date received local registrar) (b) Jos. J. Bachus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th year 1948 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from 1942, 19....., to Aug 12 1948 that I last saw him alive on Aug 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic congestion of lungs	
Due to: Chronic Bronchitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Guy H. Bailey (M. D. ~~or other~~)
Address: Perryville Mo Date signed 8-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

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

RECEIVED

District Health Officer No. 4

District File Number 848-10

Date Filed 8-18-4

Date Rec

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.