

P. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30092**  
Registrar's No. **200**

FILED SEP 16 1948  
Registration District No. **187**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**McCune-Brooks Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
In this community **60 years** (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME **MAUD LUSCOMBE**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if  
alive **15** years (Month) (Day) (Year)  
7. Birth date of deceased **May 15 1877**

8. AGE: Years **71** Months **3** Days **18** If less than one day  
hr. min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas T. Luscombe**  
13. Birthplace **Toronto Canada**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Christinia Orchard**  
15. Birthplace **unknown Canada**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. B. Post**  
(b) Address **1418 S. Main, Carthage, Mo.**

17. (a) **burial** (b) Date thereof **Sept 5, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Missouri**

19. (a) **9-7-48** (b) **L. B. Clinton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **809 Grant 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 **September** 3 day  
year **1948** hour **5** minute **00** p.m.  
21. I hereby certify that I attended the deceased from  
**June 9** 19**46** to **Sept 3** 19**48**  
that I last saw her alive on **Sept 3** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism, Cerebral** Duration **4 days**

Due to  
Due to

Other conditions **Myocarditis Chronic**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations **none**  
Of autopsy **none**  
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) (e) Means of injury

Signature **George H. Wood** (M. D. or other)

Address **Carthage Mo** Date signed **9/5/48**

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**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 Frank W. Kuehl Jr

Licensed Embalmer No. 4440

P. O. Address. Carthage

**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.**