

No. 308  
-10-47  
5-17-39  
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FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32839**  
Registrar's No. **4296**

Registration District No. 149

Primary Registration District No. 1002

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:  
Krestwoods Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

In this community 36 years

3: (a) PRINT MRS. FILINDIA COMER  
FULL NAME

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 Married

6. (b) Name of husband or wife Gilead Comer

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 30 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name James Barnett

13. Birthplace No Record New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Randell

15. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gilead Comer

(b) Address 226 Willard, Kansas City, Ka.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (c) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd., K.C. Kans.

19. (a) 10-22-48 (Date received local registrar) (b) Stardine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 226 Willard  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9/21/48, 19\_\_\_\_, to 10/22/48, 19\_\_\_\_;  
that I last saw her alive on 10/18/48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Fracture of left femur

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 9/21/48

(c) Where did injury occur? Home K.C. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? no (Specify type of place)

(e) Means of injury fall

23. Signature J. W. Young (M. D. or other)

Address 1464 S. W. 13th Date signed 10/22/48

11 CKs

*As per [unclear]  
[unclear]*

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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 *Jimmy Hubbs*  
Licensed Embalmer No. *4092*  
P. O. Address *Missouri, Kans*

**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.**