1/47
17-39

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

National Office of Vital Statistics

FILED DEC 6 1948

STANDARD CERTIFICATE OF DEATH

State File No. 37527

Registration District No. 234 Primary Registration District No. 5863 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Oregon

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Couch (Rural) 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nath Combs

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Rogers 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January (Month) 1 (Day) 1896 (Year)

8. AGE: Years 52 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Barm Combs
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Tennie Hall
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Nath Combs

(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/48 (Month) (Day) (Year)

(c) Place: burial or cremation Cotton Creek Cem.

18. (a) Signature of funeral director Leland Carter

(b) Address Thayer, Mo.

19. (a) 12-11-48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature) 1111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 12, 1948 to Oct 12, 1948; that I last saw him alive on Oct 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Occurrence of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46F

Of autopsy

Duration

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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature C W Cooper (M. D. or other) MD

Address Thayer Mo. Date signed 11-2-48

Cooper.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-1-48
District Health Officer No. 5,
District File Number 12487-36
Date Filed 12-3-48

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 Leland Carter

Licensed Embalmer No. 45-16

P. O. Address Thayer 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.

. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dele

Registration District No. 254 Primary Registration District No. 5863 Registrar's No. 37 50

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

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

3. (a) PRINT FULL NAME Nath Combs
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Jan 1 (Month) (Day) (Year)
8. AGE: Years 52 Months 9 Days If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12/11/48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-37527