

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40236**  
Registrar's No. **5171**

FILED JAN 8 1949  
Registration District No. **149**

Primary Registration District No. **1002**

**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:  
2206 Flora  
(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) 37 Years

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2206 Flora  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Harry McCombs  
3. (b) If veteran, name war No 3. (c) Social Security No. unknown  
4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 17, 1911  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month December day 16  
year 1948 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Deputy - Coroner 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Cardiac failure  
Due to Hypertensive Heart Disease  
Due to Indetermined  
Other conditions Indetermined  
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

**MOTHER, FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name Harry McCombs  
13. Birthplace Osage City, Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith Wright  
15. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No - Permit

16. (a) Informant Edith McCombs  
(b) Address 2206 Flora  
17. (a) Burial (b) Date thereof 12/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**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?

(c) Place: burial or cremation Highland Cemetery  
18. (a) Signature of funeral director Watkins Bros  
(b) Address 1729 Dupont  
19. (a) 12-20-48 (b) Stallidine Holmes  
(Date received local registrar) (Registrar's signature)

J. R. Williams (Specify type of place) (City or town) (County) (State)  
While at work? \_\_\_\_\_ (2) Means of injury? \_\_\_\_\_  
23. Signature J. R. Williams (M. D. or other) \_\_\_\_\_  
Address 2636 - Brooklynn Date signed \_\_\_\_\_

12-18-48

WHITE PLAIN - USE UNFOLDING DESIGN

**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 J. J. Monroe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**