

FILED APR 1 1947

State File No. _____

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Calhoun mo RR 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Tabo Trap 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Calhoun mo
(If outside city or town limits, write "RURAL")
(d) Street No. RR # 12 (If rural, give location) 40' 3'
(e) Citizen of foreign country? RECEIVED (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME RAYMOND LEE Combs

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-10-4886

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice Combs 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct 2 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Elmer Combs
13. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Cora Doss
15. Birthplace Henry Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Combs

(b) Address Calhoun mo RR 2

17. (a) Bureau (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun mo

18. (a) Signature of funeral director Courland - back

(b) Address Clinton mo

19. (a) 3-27-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him/her on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Shot himself in head with 22 long rifle Duration _____
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) suicide
(b) Date of occurrence March 26, 1947
(c) Where did injury occur? Calhoun Henry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on a farm 3 mi west of Calhoun
While at work? no (Specify type of place) (e) Means of injury Rifle
23. Signature of physician W. P. Hallingworth Address Clinton Mo Date signed 3/27/47

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

7 JAN 15 1948

RECEIVED
District Health Officer No. 7,
District File Number 2-47-230
Date Filed 2-31-47

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. E. Gonzalez
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.