

FILED APR 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8182

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BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4213</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>		c. LENGTH OF STAY (In this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>							
3. NAME OF DECEASED (Type or Print) <u>JAMES EMERY</u>			a. (First) <u>Comer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-49</u>	
5. SEX <u>M</u> COLOR OR RACE <u>W</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 13, 1881</u>		9. AGE (In years last birthday) <u>67</u> <u>6</u> MONTHS <u>18</u> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Decatur Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT COMER</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Comer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Comer</u> ADDRESS <u>Montrose, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastro-enteritis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>4-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>49</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Baggerly MD</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>4-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Apr. 3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montrose</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckley</u> ADDRESS <u>R. P. Pletton Cat, Mo.</u>			

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

RECEIVED

District Health Officer No. 7,

District File Number 349-341

Date Filed 4-11-49

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.