

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24831
Do not use this space.

1. PLACE OF DEATH: (a) County Buchanan, Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 792
 (c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds 5 (f) How long in U. S., if of foreign birth? yrs. mos. ds _____

2. PRINT FULL NAME Gordon Rex Combs, 512
 (a) Residence, No. _____ St. Hatfield, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,
 13. NAME Wilma Combs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allendale, Missouri,

MOTHER 15. MAIDEN NAME Blanche Adeline Sego,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Missouri,

17. INFORMANT (ADDRESS) Wilma Combs Hatfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE July 29th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Theaton, Beale & Beale, 319 So. 10th. St., St. Joseph, Mo.

20. FILED July 30, 1938 H. J. Mettler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 1938

22. I HEREBY CERTIFY that attended deceased from July 27, 1938 to July 29, 1938
 I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 1:20 p. m.
 The principal cause of death and related causes of importance were as follows:
Gastric ulcer perforated
117 a
 Other contributory causes of importance: Gastric hemorrhage 7-19-38

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. B. Denver, M. D.
 (Address) St. Joseph, Mo.

2-55500

STATEMENT BY LICENSED EMBALMER

I, Not E Licensed Embalmer No. _____
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by
Emb L. E. _____
 No. _____ or by _____ Registered Apprentice No. _____
 working under my personal supervision.

Signed W. C. Summerfield
 Licensed Embalmer No. 5007

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.)