

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

31819
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH
 (a) County Benton Registration District No. 61
 (b) Township West Lindsay Primary Registration District No. 5097
 (c) City _____ (d) Street No. _____ 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie May Combs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>3</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) June 1, 1938 **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.

13. NAME Benjamin Blanton Combs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Ester Ludwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jessie May Combs
Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. **DATE** Sept 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. M. White
Warsaw, Mo.

20. FILED 9/12, 1939 Jas A Logan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1939 **to** 9-2-1939
 I last saw him alive on 8-30-1939 Death is said to have occurred on the date stated above, at 12:20 AM
 The principal cause of death and related causes of importance were as follows:
Arthritis
Chr. Inv. Nephritis
 Date of onset 12/10 yrs

Other contributory causes of importance: _____

Name of operation: _____ **Date of:** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** _____

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) H. G. Dunsen, M. D.
 (Address) Warsaw, Mo.

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.

RECEIVED

District Health Officer No. 7.

District File Number 7-39-1416

Date Filed 10-10-39

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 myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed Carl J. Miller

Licensed Embalmer No. 3752

P. O. Address Warsaw, 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, above space should be left blank.