

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

44190
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon Registration District No. 635
(b) Township Get. Primary Registration District No. 5838
(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 Susanna V. 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nathan Combs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1872
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 4 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo.
13. NAME Silas Hefner 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ 9
15. MAIDEN NAME Hannah Bredastus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓
17. INFORMANT N. Combs
(ADDRESS) Cough M.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cotton Creek DATE 5/12/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo Carr
St. J. Harpole
20. FILED Dec 27, 1939 St. J. Harpole 56
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-39
22. I HEREBY CERTIFY, That I attended deceased from 5 May 10 1939 to May 11 1939
I last saw her alive on May 11 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset _____
Other contributory causes of importance: old
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) J. P. Grest, M. D.
(address) Alton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SDM-9-19-38 I X16605

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.

RECEIVED

Public Health Office No. 5,

District File Number 14054

Date Filed 11040

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.