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.

45
1
1

FILED FEB 14 1941

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

2754
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 378

(b) Township Primary Registration District No. 4222 Registered No. 8

or

(c) City Fayette, (d) Street No. 1 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 Arnell Coombe,

(a) Residence, No. Fayette Mo St. (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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced, 3

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Januery 9th 1891

7. AGE YEARS 50 MONTHS) DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Kansas, 1

FATHER

13. NAME Robert M. Bagby,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER

15. MAIDEN NAME Lizzie B. Viley.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

17. INFORMANT (ADDRESS) Robert M. Bagby. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial, DATE 1-25th 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley. Fayette, Mo. 241

20. FILED 1-25-41 19 Anna P. Tindale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd 1941

22. I HEREBY CERTIFY, That I attended deceased from June 1921, to Jan 23, 1941. I last saw her alive on Jan 23, 1941. Death is said to have occurred on the date stated above, at 9 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1-23-41

Other contributory causes of importance:

Influenza	1-16-41
Recurrent laryngeal nerve injury	1924

Name of operation none Date of

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

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) Wm. J. Shaw M. D.

(Address) Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number 2-13-41
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.