

Registration District No. 378

Primary Registration District No. 5-27

Registrar's No. 25

1. PLACE OF DEATH: Howard

(a) County Howard

(b) City or town Bonne Femme, Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard ⁴⁵

(c) City or town Bonne Femme "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Fayette Mo. P.O.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Elizabeth E Comstock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1941 hour 3 minute 45 M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jesse Comstock, Dec'd

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 25 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 185 to March 31, 1941
that I last saw her alive on Mar. 18, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

86	2	6	hr. min.
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Immediate cause of death Cancer (Basal cell epitheloma of face). Me - 6 yrs transition to fiber.

9. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions 53
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Paris A Dougherty

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha J Smith

15. Birthplace Connecticut
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations No operation

Of autopsy No autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mattie Mallory

(b) Address Fayette, Mo., R.F.D #3

17. (a) Burial (b) Date thereof 4/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Le R. Toland 341

(b) Address Highway 341

19. (a) 4-3-41 (b) Anna R. Trivedi
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W. O. Dougherty 4-1-41

Address Highway Mo Date signed _____

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

500

RECEIVED
District Health Officer No. 8,
District File Number
11-10-41
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 W. L. Ireland

Licensed Embalmer No. 1389

P. O. Address Highland

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.