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FILED JUL 17 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22326

Registration District No. 625-

Primary Registration District No. 3031

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of hospital or institution: ~~St. Francis~~ 1122 N. Mulberry St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway

(c) City or town Maryville

(d) Street No. 1122 N. Mulberry St. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MANDY ELLEN COMBS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F, 1 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 23 1883.
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Mattoon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Combs;

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

14. Maiden name Permelia Sexton,

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

16. (a) Informant Miss Bessie Combs.

(b) Address 1122 N. Mulberry St.

17. (a) Burial (b) Date thereof June 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Dell Cemetery.

18. (a) Signature of funeral director Prize Funeral Home.

(b) Address Maryville Mo.

19. (a) June 17, 1941 (b) Mamie C. Hardu
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 15
year 1941 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 9, 41
1941 to June 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis chronic Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations ✓

Of autopsy ✓

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? 556. (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature K. C. Cunningham (M. D. or other) ✓

Address Maryville Mo. Date signed _____

June 17-1941

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

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.....

John W. Price.

Licensed Embalmer No. *3229.*

P. O. Address *Maryville Mo.*

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

If this body is not embalmed, fact should be so stated above.