

BUREAU OF THE CENSUS
FILED AUG 10 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 895-360

Primary Registration District No. 6162-4225

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Vermon (Rural)

(b) City or town Washington Township
(If outside city or town limits, write "RURAL," and name of township)

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

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Vermon 108

(c) City or town Nevada (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 miles NE Nevada
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country N

3. (a) PRINT FULL NAME BELLE AMERICA COMBS

3. (b) If veteran, name war n

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 1940 to July 8, 1942
that I last saw her alive on July 6, 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Headson Combs

6. (c) Age of husband or wife if alive 2 years (Day) (Year)

7. Birth date of deceased Jan 2, 1886
(Month) (Day) (Year)

Immediate cause of death Chronic interstitial nephritis with uremia Duration 5 days

Due to Arteriosclerosis

Due to

8. AGE: Years 86 Months 6 Days 6 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) 131d

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Clifton Hills

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

14. Maiden name Hansen

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

16. (a) Informant B.W. Combs

(b) Address R2 Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

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

(b) Address Nevada, Missouri

19. (a) July 11, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (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) Means of injury

23. Signature [Signature] (M. D. or other) Address Nevada, Mo. Date signed 7-9-42

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

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RECEIVED

District Health Officer No. 7,

District File Number 8-42-845

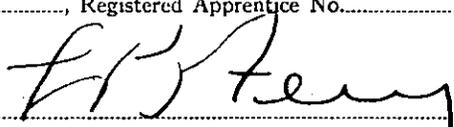
Date Filed 8-6-42

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. 1960

P. O. Address Nebraska, 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, fact should be so stated above.