

FILED NOV 19 1942 149

Registration District No. Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (c) Name of hospital or institution Wesley Clinical Hosp.
 (d) Length of stay: In hospital or institution 4 days
 In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 2840 Forest
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Florence Lorene Combs
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 3
 year 1942 hour 12 minute 38 A.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married divorced married
 (b) Name of husband or wife Russell W Combs (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased Feb 1 1900

21. I hereby certify that I attended the deceased from Oct. 30 1942 to Nov 3 1942
 that I last saw him alive on Nov 2 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	42	9	2	hr. min.

Immediate cause of death: Metastatic Carcinoma of Pancreas
 Due to Carcinoma of Pancreas with Metastases to the Liver
 Duration ?
 Other conditions 46g

9. Birthplace Warrensburg Missouri
 10. Usual occupation Housewife

Major findings: Exploratory found Carcinoma of Pancreas with secondary nodules in liver
 PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name Ray Elmer Sanders
 13. Birthplace Warrensburg Mo.
 14. Maiden name Ollie Riley
 15. Birthplace Johnson County Mo.

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

16. (a) Informant Russell W Combs
 (b) Address 2840 Forest
 17. (a) Removal (b) Date thereof Nov 6 1942
 (c) Place: burial or cremation Junction City Kans

While at work? (Specify type of place) (c) Means of injury
 23. Signature O. J. Tolovich (M. D. or other) D.O.
 Address 1001 Chamber Bldg K.C. Mo. Date signed 11-3-42

18. (a) Signature of funeral director Mrs C.R. Foster
 (b) Address 918 Broadway -
 19. (a) 11-5-42 (b) N. M. Browe
 (Date received local registrar) (Registrar's signature)

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

Dr. Poliwich 1001 Chambers Bldg
12 Westmont

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. O. 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.