

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

37213
Do not use this space.

FILED DEC 14 1942

1. PLACE OF DEATH

(a) County Howard Registration District No. 140
 (b) Township Bonne Femme Primary Registration District No. 3542
 (c) City..... (d) Street No.....
 (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 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eliza Jane Comstock
 (a) Residence, No. St. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Comstock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Howard Co. Mo

FATHER 13. NAME William Palmatory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. O

MOTHER 15. MAIDEN NAME Anna Dougherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. O

17. INFORMANT (ADDRESS) James Comstock
1 degree PFD 3

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Nov 6 1942

19. FUNERAL DIRECTOR (ADDRESS) B. L. Feland
1 degree Mo

20. FILED 12-9 1942 Ernest W. William
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1942

22. I HEREBY CERTIFY That I attended deceased from August 3, 1942, to November 4, 1942.
 I last saw her alive on November 4, 1942. 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:
Cerebral vascular disease
Diabetes Mellitus
 Date of onset 61

Other contributory causes of importance:
Diabetes Mellitus

Name of operation..... Date of.....
 What test confirmed diagnosis? 710 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 Dr. Egan D.O.
 (Signed) Ernest W. William M.D.
 (Address) Highland, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 7-20-37 1 X12004

1321

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

G. R. Felton

Licensed Embalmer No. *1399*

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.)