

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED FEB 3 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1564

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Beverly
(b) City or town St. Joseph
(c) Name of hospital or institution: Mersey Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Forrest City 7
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Combs

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 26
year 1943 hour 8 minute 20 A.M.

3. (b) If veteran, name war No 3. (c) Social Security No. NO

21. I hereby certify that I attended the deceased from Jan 21 to Jan 26 1943
that I last saw her alive on Jan 26 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death: Fracture of Right Hip 5 days

6. (b) Name of husband or wife GEORGE WASHINGTON COMBS 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased NOVEMBER 20 1860
(Month) (Day) (Year)

Due to Severity

8. AGE: Years 82 Months 2 Days 6 If less than one day _____ hr. _____ min.

Other conditions: 1860
(Include pregnancy within 3 months of death)

9. Birthplace Bedford IOWA
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name DAVID A. COOKSEY
13. Birthplace FRANKLIN COUNTY INDIANA
14. Maiden name MARY A. HERTON
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant William Combs
(b) Address CAMERON MO

17. (a) BURIAL (b) Date thereof 1-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OREGON MO

18. (a) Signature of funeral directors JAMES H. PETTYJOHN
(b) Address OREGON MO

19. (a) 1-27-43 (b) Rose Hersey
(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) Accident 44

(b) Date of occurrence Jan 21 - 43

(c) Where did injury occur? Forrest City Holt MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury fall

23. Signature Rose Hersey (M. D. or other) D.O.
Address 873 Brown Date signed 1-26-43

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..... *James H. Pettigrew*.....
Licensed Embalmer No..... *3192*.....
P. O. Address..... *Oregon, 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.