S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1943

Registration District No. 2542

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~1001~~/000

State File No. 9588

Registrar's No. 282

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 29 days (Specify whether years, months or days)
In this community 3 months 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Atchison~~ 3
(c) City or town: Fairfax 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME: JERAY Combs.
3. (b) If veteran, name war: no
3. (c) Social Security No. no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rachel Combs
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: December (Month) 28 (Day) 1866 (Year)
8. AGE: Years 76 Months 2 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Thomas Combs
FATHER 13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Sarah Green
MOTHER 15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Amy Poe (daughter)
(b) Address: Fairfax Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairfax Mo
18. (a) Signature of funeral director: Schooler Bros.
(b) Address: Fairfax Mo
19. (a) 3-14-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1943 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from November 14th, 1942 to March 13th, 1943, that I last saw him alive on March 13th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteria-sclerosis	unknown
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: L. H. Dunham (M. D. or other)
Address: State Hospital No. 2. Date signed 3-13-43

1233 (Licensed Embalmer's Statement on Reverse Side) J. H. Morroway State Physician.

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 Marvin W. Schaefer

Licensed Embalmer No. 416x

P. O. Address Fairfax, Mo.

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

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