

No. 2  
8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8649**

**FILED** MAR 28 1946

Registration District No. **3007**

Registrar's No. **100**

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

1. PLACE OF DEATH:  
 (a) County **Franklin** **B. HER**  
 (b) City or town **Bluff** **Campbell** **rural**  
 (c) Name of hospital or institution: **Lewis Lee Hospital**  
 (d) Length of stay: In hospital or institution **one day**  
 In this community **Life**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Franklin**  
 (c) City or town **Campbell "rural"**  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Ora Pearl Comer**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **12**  
 year **1946** hour **1** minute **30** A.M.

4. Sex **Female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **John Comer**  
 6. (c) Age of husband or wife if alive **54** years  
 7. Birth date of deceased **August 13 1884**

21. I hereby certify that I attended the deceased from **Mar 11 1946** to **Mar 12 1946**  
 that I last saw **her** alive on **March 12 1946**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>6</b>	<b>29</b>	hr. _____ min. _____

Immediate cause of death **Diabetic Coma**  
 Due to **Diabetes mellitus**

9. Birthplace \_\_\_\_\_  
 10. Usual occupation **Housewife**

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 Major findings: \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name **Lee Mc Calyea**  
 13. Birthplace **Tennessee**  
 14. Maiden name **Beath**  
 15. Birthplace **Tennessee**

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 22. If death was due to external causes, fill in the following:

16. (a) Informant **Walter and John**  
 (b) Address **Campbell, Mo. "rural"**  
 17. (a) **Burial** (b) Date thereof **March 14 1946**  
 (c) Place: burial or cremation **Lewis Lee Funeral Home**  
 18. (a) Signature of funeral director **John Comer**  
 (b) Address **Campbell, Missouri**  
 19. (a) **3-21-46** (b) **PH Muehler**

(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?  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **John Comer** (M. D. or other) \_\_\_\_\_  
 Address **Bluff, Mo** Date signed **3/14/46**

RECEIVED

District Health Office No. 2

District File Number 346-413

Date Filed 3-26-46

---

---

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 Christina M. Landess  
Licensed Embalmer No. 4227  
P. O. Address Campbell, Md

**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.**