S: No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23545

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 3111

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2926 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 yr 8 m0 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2926 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Coombs
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 7 1944 (Month) (Day) (Year)
8. AGE: Years 1 Months 8 Days 9 If less than one day hr. min.
9. Birthplace Kanaas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Dan Coombs
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Ferne Kelso
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Dan Coombs
(b) Address 2926 Brooklyn
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jul. 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 7-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16-1946 year 1946 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h. alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Deputy Coroner
Acute Asphyxia
Due to Foreign Body of
Due to Larynx
Other conditions 1952-8
(Include pregnancy within 3 months of death) 19
Major findings:
Of operations
Of autopsy See Above

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) Accident 23
(b) Date of occurrence 7/16/46
(c) Where did injury occur? Kansas City Mo (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 No (e) Means of injury
23. Signature A. E. Upner (M. D. or other) MD
Address 2800 Main Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Nice

Licensed Embalmer No. 2570

P. O. Address KC 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.