No. 2
5-43
17-39
X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

30923

State File No.

FILED SEP 25 1948

Registration District No. 195 Primary Registration District No. 5915 Registrar's No. 5

**1. PLACE OF DEATH:**

(a) County McDonald

(b) City or town White Rock
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 40 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County McDonald 60

(c) City or town Route 1, Jane, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ Miles S.E. Jane, Missouri
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BENJAMIN RAMEY MCCOMBS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Lillie Baker McCombs

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 27, 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Benton County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name John McCombs

FATHER 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Eudica Nichols

MOTHER 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie McCombs

(b) Address R. R. 1, Jane, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Jane, Missouri Cemt.

18. (a) Signature of funeral director

(b) Address Burns F. Home, Bentonville, Ark.

19. (a) 9-20-46 (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 10 year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from June 14, 1943, to June 21, 1943 that I last saw him alive on June 21, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculoses | |
| 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 [illegible] M. D. or other)

Address Bentonville Ark Date signed 9-16-46

119 (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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. ack

Registration District No. 195 Primary Registration District No. 5915 Registrar's No. 5

**1. PLACE OF DEATH:**
(a) County McDonald
(b) City or town White Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

**2. USUAL RESIDENCE OF DECEASED:**
(a) State (b) County
(c) City or town
(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 Benjamin R. McCombs
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Mar 2 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days If less than one day hr. min.

9. Birthplace (City, town, or county) ark. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lillie McCombs
(b) Address Jane, Mo. R1
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month year 1946 day hour minute 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.

Immediate cause of death — Duration
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

~~10047~~

30923