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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1947

Registration District No. 154

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5575

State File No. 40995

Registrar's No. 86

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town GRANDVIEW
(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)
In this community 9 YEARS.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town GRANDVIEW ✓
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? NO ✓ (Yes or No)
If yes, name country

48
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1

3. (a) PRINT FULL NAME LAURA McCOMAS WARREN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife A. C. WARREN
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JANUARY (Month) 13 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	15	hr. min.

9. Birthplace Worth Co., (City, town, or county) Mo. (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ✓
MOTHER FATHER
12. Name JOHN McCOMAS
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name CORDELIA DAWSON
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant A. C. WARREN
(b) Address GRANDVIEW, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 31 1946 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS, K.C., Mo.
18. (a) Signature of funeral director E. K. Gregory Sons
(b) Address Grandview, Mo.
19. (a) Jan 6-47 (Date received local registrar) (b) Dr. Annie B. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to 12-28, 1946
that I last saw h. CV alive on 12-28, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
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 R. L. West (M. D. or other) M.D.
Address R.F.D. #1 Grandview Mo Date signed 12-29-46

150 (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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.