

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Rural** (If outside city or town limits, write "RURAL" and name of township) **Blue**

(c) Name of hospital or institution: **31st and Blue Ridge 3** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days) **1 year**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson** **999**

(c) City or town **Sunflower Village** (If outside city or town limits, write "RURAL") **14**

(d) Street No. **-** (If rural, give location) **0**

(e) Citizen of foreign country? **no.** (Yes or No) **2**

If yes, name country **X**

3. (a) PRINT FULL NAME **Merwin J. Combest**

3. (b) If veteran, name war **W. W. #2**

3. (c) Social Security No. **511-12-9719**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21** year **1947** hour **3:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **Even** 19... to 19... and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Twilla Combest** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased: **August 18 1921** (Month) (Day) (Year)

Immediate cause of death: **Fracture of skull, jaw, neck, ribs, pelvis, forearm, left ankle, right tibia & Due to lacerations below knee, multiple contusions and lacerations (severe).**

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	25	8	3	hr. min.

Other conditions (Include pregnancy within 8 months of death)

9. Birthplace **Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Student Pilot**

Major findings: Of operations

Of autopsy **no**

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MOTHER FATHER

11. Industry or business **X**

12. Name **James E. Combest**

13. Birthplace **Kansas** (City, town, or county) (State or foreign country)

14. Maiden name **Vivian Hopper**

15. Birthplace **Kansas** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 48**

(b) Date of occurrence **4-21-47**

(c) Where did injury occur? **Jackson mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Mrs. Twilla Combest**

(b) Address **Sunflower Village, Kansas**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **4-22-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Ransom, Kansas**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. S. Mo.**

19. (a) **4-22-47** (Date received local registrar) (b) **James E. Combest** (Registrar's signature) **5111**

While at work? **yes** (Specify type of place) **Public place, in plain car.**

(e) Means of injury **fall from airplane**

23. Signature **James E. Combest** (M. D. or other) **3**

Address **1424 1/2 W. 11th St. J. Mo.** Date signed **4-22-47**

MAY 29 1947

MAY 28 1947

MAY 23 1947

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 E. M. Plank

Licensed Embalmer No. 1848

P. Q. Address 71. C 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.