

S. No. 2
4-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1652
Registrar's No. 3

Registration District No. 196 Primary Registration District No. 4278

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller
(c) Name of hospital or institution Residence
(d) Length of stay: In hospital or institution
In this community: 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lawrence
(c) City or town Miller
(d) Street No. 2
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALVAH B. Combs
(b) If veteran, name war World War I
(c) Social Security No. 555-34-5555

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 26 year 1948 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1-27-48 to 1-27-48 that I last saw him alive on 1-27-48 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 Single
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased 4-15-1886 (Month) (Day) (Year)

Immediate cause of death: Heart Beol.
Due to Bronchial asthma
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: 95A

8. AGE: Years 61 Months 9 Days 11
9. Birthplace Dade Co. Mo.
10. Usual occupation Retired

MOTHER FATHER
11. Industry or business
12. Name Harrison S. Combs
13. Birthplace Bartonville Ark.
14. Maiden name Laura Baker
15. Birthplace Lawrence Co. Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature W. S. Beckman (M. D. or other)
Address Miller Mo. Date signed 2-7-48

16. (a) Informant Mrs. Bessie Hoar
(b) Address Miller Mo.
17. (a) Burial (b) Date thereof 1-27-1948
(c) Place: burial or cremation: Seymour
18. (a) Signature of funeral director: W. S. Beckman
(b) Address Miller Mo.
19. (a) 2-1-48 (b) W. S. Beckman

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

APR 16 1948

RECEIVED

District Health Officer No. 6,

District File Number 248-210

Date Filed FEB 7 1948

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 L. P. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.