

FILED SEP 8 1948

Registration District No. 121

Primary Registration District No. 5459

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Bois D'Arc P.T.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center Township, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community Eight Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE
(c) City or town Bois D'Arc P.T.D.
(If outside city or town limits, write "RURAL")
(d) Street No. Center Township, 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Asa Alexander Combs

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 Judy Combs 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 11 7 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Combs
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Cross
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Combs

(b) Address Bois D'Arc P.T.D.

17. (a) Burial (b) Date thereof 8 27 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director Morris Lemar

(b) Address Ash Grove No

19. (a) 9/3/48 (b) Drue W. Wilcox
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-19
1948 to 8-23 1948
that I last saw him alive on 8-19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Debility

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 16 2 10

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature S. M. Clark (M. D. or other)

Address Halltown, Mo. Date signed 8-24-48

RECEIVED

Greene County Health Office,

County File Number 48-9-64

Date Filed 9-7-48

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 Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.