No. 300
—10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32840
Registrar's No. 4102

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community One Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 921 Jefferson Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kermit Orwyn COMER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased December (Month) 11 (Day) 1934 (Year)
8. AGE: Years 13 Months ~~8~~ 9 Days ~~29~~ 28 If less than one day hr. min.
9. Birthplace Argonia (City, town or county) Kansas (State or foreign country)
10. Usual occupation Schoolboy
11. Industry or business Boy
FATHER
12. Name James Ralph Comer
13. Birthplace Waunita (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Genevieve Plumleigh
15. Birthplace McCook (City, town, or county) Nebraska (State or foreign country)
16. (a) Informant Mrs Genevieve Comer
(b) Address 921 Jefferson St K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Argonia, Kansas
18. (a) Signature of funeral director France - Wornall
(b) Address Kansas City Missouri
19. (a) 10-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1948 hour 9:10 minute a M.
21. I hereby certify that I attended the deceased from Coma, 19__, to __, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hydrocephalus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no History & Inspection

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 3
23. Signature James C. Walker (M. D. or other) Coma
Address 1424 [illegible] Date signed 10-9-48

(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 Forrest Donald Coldsmar, Registered Apprentice No. 225, working under my personal supervision.

Signed Russell N. Franc

Licensed Embalmer No. 4255

P. O. Address K. 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.