. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28255

State File No.

Registration District No. 206 Primary Registration District No. 5744 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Madison Co
(b) City or town Rural Castor twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 52
(c) City or town Fredericktown - Rural 5
(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

3. (a) PRINT FULL NAME Flora Eunice Combs
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm F. Combs -
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Mar. (Month) 24 (Day) 1864 (Year)

8. AGE: Years 80 Months 4 Days 22 If less than one day hr. min.
9. Birthplace Spring Valley Community Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name M. B. Venable
13. Birthplace Alabama (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Tidwell
15. Birthplace Madison Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant C. A. Combs
(b) Address 2329 Kensington, Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mc Clanahan Ward Valley Funeral Home
18. (a) Signature of funeral director
(b) Address Fredericktown, Mo.
19. (a) Aug 18 1944 (Date received by local registrar) (b) S. C. Slaughter (Registrar's Signature)
By C. S. Slaughter

481

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1944 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 2, 1944, to August 16, 1944, that I last saw her alive on August 16 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	Unknown
Due to 486	
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 2

23. Signature Keith L. Hull (M. D. or other) D.O.
Address Fredericktown, Mo. Date signed 8-18-44.

RECEIVED

District Health Officer No. 4

District File Number 944-426

Date Filed 9-6-44

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 John D. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, O

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.