No. 2
8-43
5-17-39
X37823

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

Bates

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7748

State File No.

Primary Registration District No. 3005

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
303 W. Ft. Scott St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
In this community ---
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler
(If outside city or town limits, write "RURAL")

(d) Street No. 303 W. Ft. Scott St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edith Ellen McComb

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 M

6. (b) Name of husband or wife Charles A. McComb

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January (Month) 21 (Day) 1874 (Year)

8. AGE: Years 74 | Months 1 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Bates Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name Elias O'Rear

13. Birthplace ---- (City, town, or county) Indiana (State or foreign country)

14. Maiden name Lutitia A. Brannock

15. Birthplace ----- (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Charles A. McComb

(b) Address 303 W. Ft. Scott St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 2-21-48 (Date received local registrar) (b) Kendall Bussey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 4, 1948 to Feb 20, 1948
that I last saw her alive on Feb 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Generalized Chr. Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy C3A D3

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

23. Signature Culver W Burke (M. D. or other) M D

Address Butler Mo Date signed 2/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-304
Date Filed 3-26-48

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 John D Underwood
Licensed Embalmer No. 3585
P. O. Address Butler MD.

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.