

MISSOURI

 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

10047

State File No.

Registrar's No.

 DECEASED APR 10 1946  
 195

Registration District No.

Primary Registration District No.

195

5715

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## 1. PLACE OF DEATH:

 (a) County McDonald  
 (b) Township White Rock  
 (c) City or Town \_\_\_\_\_ Ward \_\_\_\_\_  
 (d) Name of Hospital or Institution \_\_\_\_\_  
 (If not in hospital or institution write street number or location)  
 (e) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether years, months or days)  
 In this community 40 years  
 (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

 (a) State Missouri (b) County McDonald  
 (c) City or Town Route # 1 Jane, Missouri  
 (If outside city or town limits, write Rural Number)  
 (d) Street No. 2 1/2 Miles S.E. Jane, Missouri  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Native years
3(a) FULL NAME BENJAMIN RAMEY MC COMBS

3(b) If veteran,

3(c) Social Security

name war

NoNo. None4. Sex Male

5. Color or

race White

6(a) Single, widowed, married

/ divorced Married6(b) Name of husband or wife Mrs. Lillie Baker McCombs6(c) Age of husband or wife if alive 60 years7. Birth date of deceased March 27, 1880  
 (Month) (Day) (Year)8. Age: 65 10 14 If less than one day  
 Years Months Days hr. min.9. Birthplace Benton County Arkansas  
 (City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Own Farm
 12. Name John McCombs  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)

 14. Maiden name Loutica Nichols  
 15. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)
16(a) Informant's own signature Mrs. Lillie McCombs(b) P. O. address RR#1 Jane, Missouri17(a) Burial (b) Date thereof Jan. 12, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: Burial or cremation Jane, Missouri Cent.18(a) Signature of funeral director Wm. J. Burns  
 (b) P. O. address Burns F. Home: Bentonville,19(a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month January day 10 year 19 4621. I hereby certify that I attended the deceased from June 14, 1943  
 to June 21, 1943 that I last saw him alive on June 21, 1943  
 and that death occurred on the date stated above at 8 P. M.

Immediate cause of death

Pulmonary tuberculosis

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy 13 hr

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 plant, in public place? \_\_\_\_\_
23. Signature W. H. Peters (Specify type of place) 0  
 Address Bentonville, Arkansas (e) Means of injury \_\_\_\_\_  
2-4-46

Date of Onset

DN

PHYSICIAN

 Underline the  
 cause to which  
 death should  
 be charged  
 statistically

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100  
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