

S. No. 2
DM-5-43
v. 5-17-39
P I X36671

28304

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED AUG 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12

Registration District No. 192 Primary Registration District No. 4308

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Noel
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town Noel
(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 MABEL McCOMBS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 13 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 1 _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business at home

12. Name Ben Bradbury

13. Birthplace Fort Smith Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Weaver

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lema Perrygo
(b) Address Noel, Missouri

17. (a) Removal (b) Date thereof July 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation xxxx Mt. Pleasant, Arkansas

18. (a) Signature of funeral director John B. Poplin
(b) Address Goodman, Missouri

19. (a) 8-11-47 (b) Virginia Buck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour _____ minute 2 A.M.

21. I hereby certify that I attended the deceased from _____, 1945, to July 14, 1947.
That I last saw her alive on July 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death coronary insufficiency Duration 1 day
Due to sub-acute myocarditis 2 yrs
Due to chronic nephritis
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W.D. Frinter (M. D. or other) Dr.
Address Noel, Mo Date signed July 14

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 6,
District File Number 847-853
Date Filed AUG 15 1947

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 B. Papineau*
Licensed Embalmer No. *4446*
P. O. Address *Goodman, 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.