

FILED APR 8 1944
Registration District No. 256

Primary Registration District No. 5818

State File No. _____

Registrar's No. 19

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

7100

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town VERSAILLES RURAL - MOREAU
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lewis Francis Comer

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

4. Sex Male 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 April 3 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 27 If less than one day _____ hr. _____ min

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Comer

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

14. Maiden name Mary Elizabeth Larimore

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

16. (a) Informant H. A. Comer
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof 4-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 3-31-1944 (b) Ray Berbstesser
(Date received local registrar) (Registrar's signature)

10240

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Versailles (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI. EAST OF VERSAILLES
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 30
year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Mar 30, 1944
that I last saw him alive on Mar. 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to arterial sclerosis

Due to _____

Other conditions Dementia praecox
(Include pregnancy within 9 months of death)

Major findings: Of operations 9321
Of autopsy _____

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 0

23. Signature A. J. Gunn (M. D. brother)
Address Versailles, Mo. Date signed 3/31/44

7100

Durblion

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-44-45-4

Date 4-7-44

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

Louis D. Phillips

, Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.