

6-12-45 *K* 12083

**G. R. COMBS, M. D.**  
OFFICE: PROFESSIONAL BUILDING

Office Phone 270 Residence Phone 518

Name Employer Ins Co (Nat Bar Co) Date 6-12-45

Address 904 Rodanbush

**R**

*L moment Chloroform*  
*Put in wall*

*G. R. Combs* M. D.

MEHL & SCHOTT DRUG CO.  
PHONE 210  
LEAVENWORTH, KANSAS

U. S. Reg. No. 3365

A. R. ADAMS, M. D. *K* 12087

Office 310 5th Avenue Phone 254

Office 310 5th Avenue 6-12-45

For Mrs. Cauthorn Date 125

Address 2804 S 2nd

**R**

*Tabs sulfathiazole XXIV*  
*2 qm IV*

*also*  
*Thuriskozynus*

*A. R. Adams*

MEHL & SCHOTT DRUG CO.  
Phone 210

U. S. Reg. No. 544

A. R. ADAMS, M. D. *K* 12086

Office 310 5th Avenue Phone 254

For Mrs. Cauthorn Date 6-12-45

Address 125

**R**

*Tabs*  
*Sulfathiazole XXX*

*sig - One 2 water q 4 hours*

*Dr. Anderson*

MEHL & SCHOTT DRUG CO.  
Phone 210

U. S. Reg. No. 544

THE RISDON-STERETT CLINIC *K* 12079

LEAVENWORTH, KANSAS Phone 254

Office 310 5th Avenue 6-12-45

For Mrs. Brown Date 6/12-45

Address 125

**R**

*R I ss.*  
*Tab Niacin*  
*Labelia 2 q IV*  
*Glycerine 3 TSS*  
*Elix Simplex 90 3 IV*  
*Mix Sol*  
*sig 1 teaspoonful up*  
*glass water tid pc 4 hrs.*  
*bedtime*

*Risdon*

MEHL & SCHOTT DRUG CO.



Post Office Department.

OFFICIAL BUSINESS.  
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.

Postmark of Office which returns  
this card,

and date of Return.

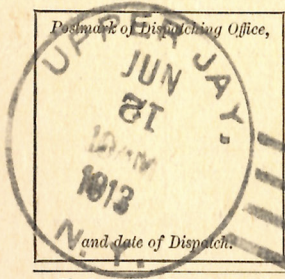
RETURN TO:

Postmaster at \_\_\_\_\_

County,

State of \_\_\_\_\_

Postmark of Dispatching Office,



and date of Dispatch.

The Dispatching Postmaster must neatly and correctly make up this card, addressing it for return to himself.  
The Receiving Postmaster must compare the articles received with the entries on reverse side of this card, and CORRECT ERRORS, if any. He must then sign (not stamp) his name, postmark the card in the upper right-hand corner, and RETURN IT BY FIRST MAIL.

Post Office Department.

OFFICIAL BUSINESS.  
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.

Postmark of Office which returns  
this card,

and date of Return.

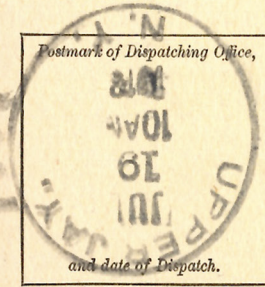
RETURN TO:

Postmaster at Upper Jay \_\_\_\_\_

County,

State of NY \_\_\_\_\_

Postmark of Dispatching Office,



and date of Dispatch.

The Dispatching Postmaster must neatly and correctly make up this card, addressing it for return to himself.  
The Receiving Postmaster must compare the articles received with the entries on reverse side of this card, and CORRECT ERRORS, if any. He must then sign (not stamp) his name, postmark the card in the upper right-hand corner, and RETURN IT BY FIRST MAIL.

Post Office Department.

OFFICIAL BUSINESS.  
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.

Postmark of Office which returns  
this card,

and date of Return.

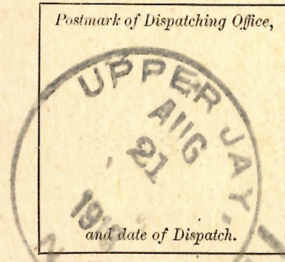
RETURN TO:

Postmaster at \_\_\_\_\_

County,

State of \_\_\_\_\_

Postmark of Dispatching Office,



and date of Dispatch.

The Dispatching Postmaster must neatly and correctly make up this card, addressing it for return to himself.  
The Receiving Postmaster must compare the articles received with the entries on reverse side of this card, and CORRECT ERRORS, if any. He must then sign (not stamp) his name, postmark the card in the upper right-hand corner, and RETURN IT BY FIRST MAIL.

Post Office Department.

OFFICIAL BUSINESS.  
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.

Postmark of Office or R. P. O.  
dispatching registered mail,

and date of Dispatch.

RETURN BY FIRST MAIL TO:

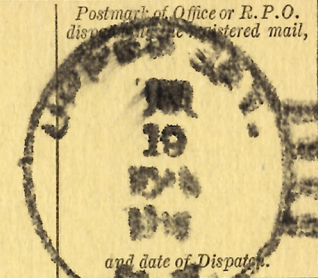
POSTMASTER

or \_\_\_\_\_ Ry. Postal Clerk,

Street and No. \_\_\_\_\_

Post Office \_\_\_\_\_

State \_\_\_\_\_



The Dispatching Postmaster or Clerk must neatly and correctly make up this card, addressing it for return to himself.  
The Receiving Postmaster or Clerk must compare the articles received with the entries on reverse of this card, and CORRECT ERRORS, if any. He must then sign (not stamp) his name, postmark the card, and RETURN IT BY FIRST MAIL.

