

DEC 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41891

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Franklin Primary Registration District No. 5-756
 (c) City Carroll (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

Cora Alice Balzer
 (a) Residence, No. _____ St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Balzer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1868
 7. AGE YEARS 69 MONTHS 11 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill.

13. NAME Charles Binson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Elizabeth Weidenhauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Ardel Baker
Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy, Ill. DATE 12-6-37

19. FUNERAL DIRECTOR (ADDRESS) Phillips Funeral Home
Quincy, Mo.

20. FILED 12-6-37 Belle Haynes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Porty Viewed by
Coroner.
Date of onset 12/6/37

Other contributory causes of importance: 9412

Name of operation _____ Date of _____

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. W. Walker Coroner

(Address) Eldon, Mo.

STATEMENT BY LICENSED EMBALMER

I, Louis D. Phillips, Licensed Embalmer No. 3663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Same

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Louis D. Phillips, Registered Apprentice No. _____

Licensed Embalmer No. 3663

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.)