

1938 JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22489
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 971 5797C
(b) Township Mill Creek Primary Registration District No. 4578 Registered No. 6
(c) City..... (d) Street No..... St.
(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.

2. PRINT FULL NAME Elizabeth Balance

(a) Residence, No. 452 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Balance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 10, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
58 4 19

OCCUPATION 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 Life

12. BIRTHPLACE (CITY OR TOWN) Cooper County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Dora Washington 0

14. BIRTHPLACE (CITY OR TOWN) Cooper County 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lou Baaty

16. BIRTHPLACE (CITY OR TOWN) Cooper County
(STATE OR COUNTRY) Missouri

17. INFORMANT James Balance
(ADDRESS) Tipton, Mo. R.R. #2

18. BURIAL, CREMATION, OR REMOVAL To
PLACE Bunceton, Mo DATE June, 1, 1938

19. FUNERAL DIRECTOR James E. Richards
(ADDRESS) Tipton, Mo

20. FILED June 11, 1938 Omey E. Leary
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to May 29, 1938
I last saw him alive on May 29, 1938 Death is said to have occurred on the date stated above, at 8: P.M.
The principal cause of death and related causes of importance were as follows:

1 Aortic Stenosis
2 Coronary occlusion

Date of onset
5 yrs
past

Other contributory causes of importance: None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Charles D. Osborne, M. D.
(Address) 113 1/2 E 4th Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, James E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466

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.)