

REC'D SEP 23 1938

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

29159
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township 1 Primary Registration District No. 3020 Registered No. _____
(c) City Carthage (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 800 E Chestnut St. 416
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 J. H. Balfour
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1860
7. AGE YEARS 78 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 1938
22. I HEREBY CERTIFY, That I attended deceased from July 10 1938, to Aug 7 1938. I last saw her alive on Aug 2 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights + Valvular Heart. Date of onset _____
Other contributory causes of importance: 31

12. BIRTHPLACE (CITY OR TOWN) Quincy (STATE OR COUNTRY) Illinois

FATHER 13. NAME Lewis Hidenbaugh

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Rosa J. Pitts, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Aug 9 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank Mortuary, Carthage, Missouri

20. FILED Aug 9 1938 E. J. McEntire, M.D. Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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) T. E. Baker, M. D.
(Address) Carthage Mo.

Every recorder 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.

RECEIVED

District Health Officer No. 6,

District File Number

6-38-17

Date Filed

9/19/38

STATEMENT BY LICENSED EMBALMER

I,

Emmuel R. Stuebel

Licensed Embalmer No.

391

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

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Emmuel R. Stuebel

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)