DEC - JAN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 430

43542
Do not use this space.

51

1. PLACE OF DEATH
(a) County Johnson, 2 Registration District No. 3386
(b) Township Post Oak 1 Primary Registration District No. 4256 Registered No. 430
(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 430 Bobby Dean Bales
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ******
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 26. 1938
7. AGE YEARS — MONTHS 3 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
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) Johnson Co, Twp 0 Missouri.

FATHER
13. NAME Everet Bales
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co 0 Missouri

MOTHER
15. MAIDEN NAME Ethel Cleveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) C. E. Bales Warrensburg, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cornelia DATE Dec. 27. 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney- Phillips Warrensburg, Mo
20. FILED Jan. 8 1939 Annabel Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1938, to Dec 26th, 1938
I last saw him ~~alive~~ dead on Dec 26th, 1938. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Smothered while covered up in bed.
(Saw the baby shortly after death)

Date of onset

Other contributory causes of importance: 1830 16

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? Accident Date of injury Dec 26th, 1938
Where did injury occur? as stated above
(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? .....
If so, specify .....
(Signed) O. B. Hall, M. D.
380 (Address) Warrensburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/12/39

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, S Ray Surrey, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed S Ray Surrey

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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, above space should be left blank.