

REC'D FEB 20 1939

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

1167
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 180
 (c) City Kansas City (d) Street No. 308 East 70th Terrace 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

450 Mr. Francis O. Balen
 (a) Residence, No. 308 E. 70 Terrace 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Balen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1862
 7. AGE YEARS 76 MONTHS 4 DAYS 20 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. at home
 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) Oregon

FATHER 13. NAME William M. Carter

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

MOTHER 15. MAIDEN NAME Olivia Unk

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

17. INFORMANT (ADDRESS) James O. Balen Sr. 506 Concord

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE Jan 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Nelson & Sons Brushcreek - P. O. 1

20. FILED Jan 16 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan - 13 1939, to Jan 14 1939
 I last saw h. er alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 8:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart
93c
 Date of onset 1/13/39
 Other contributory causes of importance:
Cardia Asthma
Ch Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____
 (Signed) W. H. Nelson M. D.
 (Address) 6247 Brookside Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-5
100 4770

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,

....., or by

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

Signed.....

Neil Carr

Licensed Embalmer No.....

3976

P.O. Address.....

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.