

REC'D JUN 8 1939

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

17559
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 5121 Wyandotte 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 Herbert Balcom
 (a) Residence, No. 5121 Wyandotte 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angelia Balcom
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate
 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) Iowa
 FATHER 13. NAME Elijah Balcom
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Mary Klock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Miss Genevieve Balcom
5121 Wyandotte
 18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo, Ia DATE May 12, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 3-, 1939, to May 9-, 1939
 I last saw him alive on May 6-, 1939. Death is said to have occurred on the date stated above, at 1:15 m. AM
 The principal cause of death and related causes of importance were as follows:
Intestinal Strangulation
Acute 12:20
 Other contributory causes of importance:
Acute Gastritis
 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?.....
 If so, specify Nister Parr, M. D.
 (Signed) Nister Parr
 (Address) 315-Lee Bldg-Kansas City, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3811 Broadway
 20. FILED May 10, 1939 M. M. Brown
 Local Registrar.

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 TO CERTIFY EMBALMING
LICENSED EMBALMER
STATE OF TEXAS

Dr. Pami

305 Lee Ave

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 _____

Licensed Embalmer No. _____

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.