

DEC 12 1939

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

*Dr. E. L. Johnson*  
39650  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378  
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 880  
(c) City SPRINGFIELD (d) Street No. 2244 N. Main 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

(a) Residence, No. 2244 N. Main 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 Laura Balden  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1891  
7. AGE YEARS 48 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dep. Constable  
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) Greene County, Mo.

FATHER 13. NAME Wm. H. Balden

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

MOTHER 15. MAIDEN NAME Flora Dreschel

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

17. INFORMANT (ADDRESS) Laura Balden Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 12-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Schreyer Springfield Mo.

20. FILED 12-4-39 1939 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-5-39 to Dec-3-1939  
I last saw him alive on 11-29-39. Death is said to have occurred on the date stated above, at 6 AM.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis far advanced  
23  
Other contributory causes of importance: Cor Pulmonale myocardial failure  
Date of onset Mar. 38  
11-7-39

Name of operation None Date of None  
What test confirmed diagnosis? X-ray specimen 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) E. S. Johnson, M. D.  
(Address) Springfield, Mo.

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.

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**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 Wayne Finkle

Licensed Embalmer No. 23444

P. O. Address Springfield

**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.**

X