

FILED MAY 7 1940
Registration District No. 13

Primary Registration District No. 3006

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbiac
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 Forest St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Not known years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbiac
(If outside city or town limits, write "RURAL")
(d) Street No. 209 Forest St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME DORRIS FAY BALLEW

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or race Female white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 18 1925
(Month) (Day) (Year)

8. AGE: Years 15 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business (In High School)

12. Name Harry Paul Ballew

13. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alice Ballew

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Paul Ballew

(b) Address Columbiac, Mo

17. (a) Burial (b) Date thereof 4-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbiac Cem. 74

18. (a) Signature of funeral director Arthur Berry
(b) Address Columbiac, Mo

19. (a) 4/10/40 (b) Alice Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1940 hour 11:35 AM M.

21. I hereby certify that I attended the deceased from 3/27
_____ 19 40 to April 8 19 40
that I last saw her alive on April 8 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis, Acute
Myocarditis, Acute
Nephritis, Acute
Due to _____

Due to Caecae Ventriculorum
Duration Seven Months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 90

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place)
or Means of injury _____

23. Signature Stephen D Newst (M. D. or other)

Address Columbiac Date signed _____

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. 41272
P. O. Address Columbia, S.C.

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.