

SEP 23 1940

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

(a) County Mercer County
(b) City or town Princeton, Mo. RFD 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Morgan Tw
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAMEClinton, H. Ballew 4073. (b) If veteran,
name war.3. (c) Social Security
No.4. Sex Male

5. Color or

race White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years7. Birth date of deceased October 4, 1859
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

80100

hr. min.

Missouri 09. Birthplace Mercer County,
(City, town, or county)

(State or foreign country)

10. Usual occupation

Suitor

11. Industry or business

12. Name Richard Ballew
Tenn.13. Birthplace Marysboro, Tenn.
(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace Penn.
(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Nellie Scott(b) Address Princeton, Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug. 4, 1940
Princeton, Mo
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address 814-4019. (a) 814-40

(Date of local registrar)

(b) J. M. Perry

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1940 hour 7:4 minute 4 M.21. I hereby certify that I attended the deceased from
July 17, 1940 to Aug 4, 1940.
that I last saw him alive on Aug 4, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of humerus
neck left femur

Due to

Exhaustion

Due to

Bronchial PneumoniaOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

Duration

17 days2 days5 days

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) accidental
(b) Date of occurrence July 17, 1940
(c) Where did injury occur? Princeton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work no (Specify type of place)
(e) Means of injury fractured23. Signature J. M. Perry (M. D. or other)Address Princeton Mo Date signed Aug 4

RECEIVED

District Health Officer No. 11,

District File Number 940-1331

Date Filed SEP 5 1940

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 me

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

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Permittee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.