

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31303

State File No.

Registration District No. 1157 OCT 11 1940

Primary Registration District No. 5037 B

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Andrew Wilson  
(b) City or town Centralia  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community all of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME IRL RANDALL BALLEW

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Hope Ballew 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased Nov 4 1913  
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Callaway County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Irish Ballew

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

14. Maiden name Edna Joseph

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

16. (a) Informant Irish Ballew

(b) Address Centralia Mo.

17. (a) Buried (b) Date thereof 9 12 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo.

18. (a) Signature of funeral director Edna Joseph

(b) Address Centralia Mo.

19. (a) 9/12/1940 (b) S.M. Mosley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-11 day 40  
year 2 hour 30 minute A M.

21. I hereby certify that I attended the deceased from 11/6/40, 19\_\_\_\_, to 11/10/40, 19\_\_\_\_;  
that I last saw him alive on 11/10/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of Suppurative glands following tonsillectomy 11/2/40

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 115W

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Edna Joseph (M. D. or other) \_\_\_\_\_

Address Centralia Mo. Date signed 11/11/40

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1838

Date Filed OCT 8 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

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, fact should be so stated above.