

NOV 25 1940

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

35469

Do not use this space.

1. PLACE OF DEATH

(a) County Hawell Registration District No. 384
 (b) Township Hawell Primary Registration District No. 5535 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

HELEN VIRGINIA BALDERSON
 (a) Residence, No. West Plains Mo. Siloam Route
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) West Plains, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME William Balderson

14. BIRTHPLACE (CITY OR TOWN) West Plains, Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mamie Marie Blue

16. BIRTHPLACE (CITY OR TOWN) Springfield, Mo.
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. S. Davis
Watersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE Oct. 24 1940

19. FUNERAL DIRECTOR (NAME) None 314

20. FILED 10-24 1940 Vida U. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1940, Oct 23, 1940

I last saw him alive on Oct. 7, 1940 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Distress of the New-born

Date of onset

Other contributory causes of importance: 11/6/40

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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?

If so, specify _____

(Signed) P. D. Gurn M. D.

(Address) West Plains, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 10401093

Date Filed _____

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.