

FILED DEC 20 1939

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

38289

Do not use this space.

## 1. PLACE OF DEATH

(a) County Caldwell Registration District No. 101  
(b) Township Mirabile Primary Registration District No. 5149 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 Addie Ballinger.

(a) Residence, No. Mirabile No. 0 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 Female, 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. ballinger.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1862.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77, 1 15.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.  
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) Caldwell, Co.  
(STATE OR COUNTRY) Missouri. 0

13. NAME Isaac Sackman.  
14. BIRTHPLACE (CITY OR TOWN) Ohio.  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Dudley.  
16. BIRTHPLACE (CITY OR TOWN) Ohio.  
(STATE OR COUNTRY)

17. INFORMANT Bert Sackman.  
(ADDRESS) Mirabile No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mirabile No. DATE Dec. 17 1939

19. FUNERAL DIRECTOR Lyle C. Allen  
(ADDRESS) Cameron. Mo.

20. FILED Dec 13, 1939 Mrs Ora Sloan  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1939.  
22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1939, to Dec. 15, 1939  
I last saw her alive on Dec. 13, 1939. Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset Aug 29

Other contributory causes of importance: 46  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) L.M. Daley, M. D.  
(Address) Harrison, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lyle C. Allen., Licensed Embalmer No. 824

hereby certify that the body recorded on the reverse side of this certificate was embalmed by himself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Lyle C. Allen.

Licensed Embalmer No. 824

**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.)**