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RECEIVED FEB 14 1941  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 11

160000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Boone

(b) City or town. R.R. #1 Columbia Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community. ENTIRELY R

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County Boone

(c) City or town. (Columbia) Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME THOMAS TURNER BALLEW

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 23 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name CLAS J BALLEW

13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name JAMIE MCCRAY

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

16. (a) Informant. MRS J.W. VEMER  
(b) Address. R.R. #1 Columbia Mo

17. (a) Chloroform Burial (b) Date thereof 1 14 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. OLD CEDAR Boone County

18. (a) Signature of funeral director. Arthur J. Senter Co.  
(b) Address. Columbia Mo

19. (a) 1/15/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1941 hour 7:30 P. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from September 15 1940 to Jan 19 1941  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate Cause of death Chronic cardiac decompensation

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

Other conditions. Epicardial infarct chest wall.  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? 74  
While at work? \_\_\_\_\_ (Specify type of place)

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

23. Signature. Robert H. Simpson (M. D. or other) Mo. O.  
Address Columbia, Mo Date signed \_\_\_\_\_

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**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.**