

Registration District No. 399

Primary Registration District No. 1002

48  
38  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
404 West 61st Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community 40 years, / (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Etta Smith Balis,

8. (b) If veteran, name war No. 8. (c) Social Security No. No.

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

6. (b) Name of husband or wife C. C. Balis, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 23 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 8 6 hr. min.

9. Birthplace at home, Missouri, 0  
(City, town, or county) (State or foreign country)

10. Usual occupation X at home,

11. Industry or business X

MOTHER FATHER { 12. Name Thomas B. Smith,  
13. Birthplace Kentucky, 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Harbison  
15. Birthplace Kentucky, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Balis,  
(b) Address 404 West 61st St., Kansas City, Mo

17. (a) Burial, (b) Date thereof 9-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9/2/41 (b) M. M. Orma  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 404 West 61st Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Missouri 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th,  
year 1941 hr. 4:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Myocardial heart failure  
hypertrophy of the heart  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

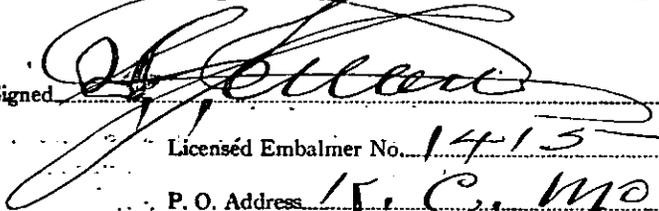
While at work? \_\_\_\_\_ (Specify type of place)  
23. Signature M. M. Orma (M. D. or other) 9  
Address K.C. Mo Date signed \_\_\_\_\_

EX-116-1824

**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. 1413

P. O. Address K. C. Mo

**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.