

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1674

State File No.

FILED FEB 6 1942

Primary Registration District No. 3006

Registrar's No. 12

1. PLACE OF DEATH

(a) County Boone

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

(c) Name of hospital or institution
805 Elm St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo
(Specify whether)

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural - Turkey Fork, T.
(If outside city or town limits, write "RURAL")

(d) Street No. Turkey Fork Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCY MAE BALLARD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1942 hour 10 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 1 - 11 - 1942
3 to 11 - 1942
that I last saw h. or alive on 1-11-42
and that death occurred on the date and hour stated above.

5. Color or race Female white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Ballard

6. (c) Age of husband or wife if alive Don't know

7. Birth date of deceased July 30 1887
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach & Liver
No not known

Duration

8. AGE: Years 54 Months 5 Days 11
If less than one day hr. min.

Due to.....

Due to..... 466

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

Other conditions Myocardial
(Include pregnancy within 6 months of death)

10. Usual occupation At Home

PHYSICIAN

Major findings: Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Temple Allen

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

14. Maiden name Eliza Jane Sims

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence None

(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? No
(Specify type of place)

While at work? (e) Means of injury

16. (a) Informant Edward Ballard

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Jan 13, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Home

23. Signature W.P. [unclear] (M. D. or other) M.D.

Address Columbia Mo Date signed 1-12-42

18. (a) Signature of funeral director Waskin's

(b) Address Columbia, Mo

19. (a) 1/12/42 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

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

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JAN 29 1942

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 *W. J. Richards*
Licensed Embalmer No. *8893*
P. O. Address *Calumet, 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, fact should be so stated above.