

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Princeton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Axtell Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Caroline Bales

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Pleasant M. Bales 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 14 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mercer Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Aaron Wells

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Anne Sexton

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Bales

(b) Address Princeton Mo.

17. (a) Burial (b) Date thereof 3/20/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farles Cemetery,

18. (a) Signature of funeral director O. C. Grunlee

(b) Address Lineville Iowa

19. (a) Mar 20, 1942 (b) Janie Avery  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 065  
(c) City or town (Rural) Princeton, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1942 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from March 16 1942 to March 18 1942  
that I last saw her alive on March 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction Duration 2 v.v.k.s.

Due to surgical shock due to major operation 12 hrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12262

Major findings: Of operations Adhesions - destructed small bowel, bowel had herniated vertically intestinal adhesion. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Byron J. Axtell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 3/19/42

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

5  
1  
0

**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 *Ames I. Grendee*

Licensed Embalmer No. *3967*

P. O. Address *Meriden 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.**