

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

14467

BUREAU OF THE CENSUS
FILED MAY 1 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

379

Primary Registration District No.

5529

Registrar's No.

8

1. PLACE OF DEATH:

- (a) County Howard
 (b) City or town Rural Chanton in
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 (Specify whether)
 In this community 10 yrs
 years, months or days

3. (a) PRINT FULL NAME Ruth Adele Ballew

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

4. Sex Female 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 June 20, 1931
 (Month) (Day) (Year)

8. AGE: Years 10 Months 10 Days 7 If less than one day
 hr. ✓ min. ✓

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

10. Usual occupation School

11. Industry or business

12. Name Bertine Ballew
 13. Birthplace Glasgow O Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Belle Amick
 15. Birthplace Glasgow O Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Ballew

- (b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof 4-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Washington Cem.

18. (a) Signature of funeral director F. P. McCarry

- (b) Address Glasgow, Mo.

19. (a) 4-29-42 (b) Thomas B. Penny
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard
 (c) City or town Rural (Chanton)
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27
 year 1942 hour 3 P.M. minute ✓ M.

21. I hereby certify that I attended the deceased from ✓
 _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Accident
Fracture of skull
Accident

Due to Accident

Due to house cleaning
over on her
nose

Other conditions 187
 (Include pregnancy within 3 months of death)

Major findings: Skull fracture

Of operations Impress

Of autopsy Impress

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

(a) Accident, suicide, or homicide (specify) 045

(b) Date of occurrence 045

(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?

(Specify type of place)

While at work? ✓ (a) Means of injury Coroner

23. Signature J. L. Richardson (M. D. or other)

Address St. Louis, Mo. Date signed 4-27-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-9-62

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. 3153

P. O. Address Glasgow, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14467

Registration District No. 379

Primary Registration District No. 5529

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Howard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME

Ruth A. Ballew

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F

5. Color or
race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 20 1923

(Month)

(Day)

(Year)

8. AGE:

Years 10

Months 10

Days _____

If less than one day _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence April 2nd. 1942
(c) Where did injury occur? at her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
her, home Howard Co Mo.

Which of the following? YES cyclone
blowing BLDG causing of injury

23. Signature J. C. Fickens MD
Address Fayette Mo. Date signed 5-30-42

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

SUPPLEMENTARY

