

No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18091

State File No. _____

Registrar's No. 9

FILED JUN 15 1942
Registration District No. 2-179

Primary Registration District No. 5529

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

1. PLACE OF DEATH: Howard
 (a) County Howard
 (b) City or town Chariton Mo
 (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 80 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED: ⁴³⁰
 (a) State Mo (b) County Howard
 (c) City or town rural Chariton
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FLORENCE BALLEW
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 20
 year 1942 hour _____ minute 05 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 _____ alive _____ years
 7. Birth date of deceased Sept 2, 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1942 to May 20, 1942
 that I last saw her alive on 5-19, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 18 If less than one day
 _____ hr. _____ min.

Immediate cause of death Bacterial pneumonia 10 day
 Due to Septic sore throat 12 day

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

Due to _____
 Other conditions acute myocarditis
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy 107
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Lorenza Rivett
 13. Birthplace Mo. O
 (City, town, or county) (State or foreign country)
 14. Maiden name Marjorie Fleming
 15. Birthplace Mo. O
 (City, town, or county) (State or foreign country)

16. (a) Informant Erskine Ballow
 (b) Address Glasgow Mo

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?

17. (a) burial (b) Date thereof May 22 '42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Cem

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

18. (a) Signature of funeral director T. P. M. Cary
 (b) Address Glasgow Mo
 19. (a) 5-21-42 (b) Thomas B. Denny
 (Date received local registrar) (Registrar's signature)

23. Signature T. P. M. Cary (M. D. or other)
 Address Glasgow Mo Date signed 5-21-42

1227 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-12-42

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.