S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19302

State File No.

Registration District No. 877 Primary Registration District No. 4543 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 112

(c) City or town Seymour 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret J. Ballenger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ Joseph A. Ballenger

6. (c) Age of husband or ~~wife~~ if alive 69 years

7. Birth date of deceased April (Month) 16 (Day) 1873 (Year)

8. AGE: Years 69 Months Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Micheal Mc Dermott
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Moran
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laura Ambler
(b) Address 1742 E. Building

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Kelley-Farrell
(b) Address Seymour Mo

19. (a) 6-10-42 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1942 hour 4 minute 20 AM.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cervix of uterus.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. G. Beers (M. D. or other)

Address Seymour Mo Date signed 6-9-42

1067

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-838
Date Filed JUN 1 1 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 K. K. Kelley

Licensed Embalmer No. 3234

P. O. Address Seymour 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.