

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25050

State File No.

Registration District No. 693

Primary Registration District No. 5920

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 72 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cleora Ballenger

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

4. Sex 81 5. Color or race W 6. (a) Single, widowed, married 2 divorced undiv
6. (b) Name of husband or wife John Ballenger 6. (c) Age of husband or wife deceased years
7. Birth date of deceased 2 8 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation farmwife

11. Industry or business

12. Name Jas H McHenry

13. Birthplace Cedar Rapids, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Barlow

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

16. (a) Informant Alton Ballenger

(b) Address Smithville, Mo

17. (a) burial (b) Date thereof 7/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2004 Cem.

18. (a) Signature of funeral director A. A. McComas

(b) Address Smithville, Mo

19. (a) 7-29-42 (b) Mrs. Clay Liffes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte
(c) City or town Smithville, Mo. R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. rural
(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 July day 28
year 1942 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1, 1939 to July 28, 1942, that I last saw her alive on July 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic heart failure

Due to Myocardial degeneration

Due to Chronic Bowel Obstruction

Other conditions indurated gums
(Include pregnancy within 3 months of death)

Major findings: Of operations 2

Of autopsy 930

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 0

23. Signature A. A. Speelman (M. D. or other)

Address Smithville Date signed 7/28/42

RECEIVED

District Health Officer No. *Platte*

District File Number *8-42-58*

Date Filed *8-10-42*

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.....

S.A. McComas

Licensed Embalmer No. *2303*

P. O. Address. *Smithville, 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.