

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30448

State File No.

Registrar's No. 9

FILED OCT 9 1942
Registration District No. 140

Primary Registration District No. 5545

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Glasgow (Chariton)
(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
In this community 6 mos : 8 da (Specify whether years, months or days)

8. (a) PRINT FULL NAME Patricia Elaine Baller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 22 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 8 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Howard Baller

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

14. Maiden name Penelope Miller

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

16. (a) Informant My Dad Baller

(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof Aug 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cem, Glasgow

18. (a) Signature of funeral director W. H. H. H. H.

(b) Address Glasgow Mo.

19. (a) 9-5-42 (b) Thomas B. Deung
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Glasgow
(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. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29

year 1942 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1

1942 Aug 29 1942

that I last saw her alive on Aug 29 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration 6 mo

Due to Byronic Spasm 6 mo

Due to

Other conditions Hereditary Lesion 6 mo

(Include pregnancy within 3 months of death)

Major findings: 309

Of operations

Of autopsy

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) (Country) (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 Choked

23. Signature W. H. H. H. (M. D. or other)

Address Payette Mo Date signed 9-5-42

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-8-92.....

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.....

P. O. Address.....

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, above space should be left blank.