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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3 18310

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 223 E. Polk St 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston 59 1

(c) City or town Chillicothe Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 223 E. Polk
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CORDA MAE Littrell BALLANGER

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband ~~or wife~~ George Ballanger 6. (c) Age of husband ~~or wife~~ if alive 51 years

7. Birth date of deceased May (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 Months 11 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Smith Botts
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Jackson
15. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Jewell Cosmon
(b) Address 1113 Elk St. Beatrice Nebr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 20 (Day) 1943 (Year)
(c) Place: burial or cremation Meadville

18. (a) Signature of funeral director E Beckett 3227
(b) Address Chillicothe Mo

19. (a) May 18 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 18
year 1943 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from May 5, 1943 to May 18, 1943
that I last saw her alive on May 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy 93d — Duration 2 weeks

Due to .....

Due to Hypertension & chronic myocarditis — ?

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 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 .....

23. Signature P. J. Brennan (M. D. ~~or other~~)
Address Chillicothe Mo Date signed 5/14/43

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(Licensed Embalmer's Statement on Reverse Side)

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

Was Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Sullivan 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.