

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1943

Registration District No. 178

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4285

State File No. 38610

Registrar's No. 2

1. PLACE OF DEATH:

(a) County... LEWIS
(b) City or town... LEWISTOWN
(If outside city or town limits, write "RURAL" and name of township)
(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... years, months or days)

3. (a) PRINT FULL NAME

Not NAME

3. (b) If veteran, name war...

3. (c) Social Security No. ...

4. Sex... Male

5. Color or race... W

6. (a) Single, widowed, married, divorced... SINGLE

6. (b) Name of husband or wife...

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

7. Birth date of deceased... NOV 12, 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 4 hr. min.

9. Birthplace... LEWISTOWN MO (City, town, or county) (State or foreign country)

10. Usual occupation...

11. Industry or business...

12. Name... JACK DELMAR BALTZELL
13. Birthplace... LA BELLE MO (City, town, or county) (State or foreign country)

14. Maiden name... VIRGINA SHARP
15. Birthplace... LEWISTOWN MO (City, town, or county) (State or foreign country)

16. (a) Informant... JACK DELMAR BALTZELL
(b) Address... LEWISTOWN MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 11/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation... LEWISTOWN MO

18. (a) Signature of funeral director... James A. Coder
(b) Address... LEWISTOWN MO

19. (a) Nov 25, 43 (Date received local registrar) (b) G.W. Jennings (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... LEWIS
(c) City or town... LEWISTOWN (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov... day... 12 year... 1943 hour... 11 minute... 20 a.m.

21. I hereby certify that I attended the deceased from Nov. 12, 1943, to Nov. 12, 1943; that I last saw him alive on Nov. 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death... Premature birth Duration 4 hr.

Due to... Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...

Of autopsy...

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) (c) Means of injury

23. Signature... Harry P. M. Crocker (M: D. or other) D. O. Address... La Belle, Mo. Date signed... 11/23/43

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

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 myself
....., Registered Apprentice No. 253
working under my personal supervision.

Signed.....

James A. Cuder

Licensed Embalmer No. 2537

P. O. Address.....

Lewistown 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.