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43  
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35697

FILED JAN 19 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5617

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2453 Monroe  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 9 days (Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Amazonia  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Rosalie Baling

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1943 hour 12 minute 30 a.m.

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife James W. Baling 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 19-1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-22- 1943, to 12-30- 1943, that I last saw her alive on 12-30- 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death with cc. Card dilatation Duration 24 hrs.

Due to menopausal psychosis 30 days

Due to self imposed starvation

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

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

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy none made

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name No Record

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edw. Henderson

(b) Address 2453 Monroe

17. (a) Removal (b) Date thereof Dec-30-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Ferguson K.E. Mo

19. Dec 30, 1943 (Date received local registrar) (c) J. E. Brown (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (d) \_\_\_\_\_ (Date of injury)

23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
Address: 724 Poplar, K.E. Mo. Date signed 12/30/43

WRITE FULLY USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

VC-7321  
Jan - 72 73

403  
11/22/73

James M. ...

100 ...

100 ...

100 ...

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**