

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37882

State File No.

FILED NOV 22 1944

Registration District No.

Primary Registration District No. 3024

Registrar's No. 69

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Fayette, Mo.**
(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 **40 yrs.** years, months or days

3. (a) PRINT FULL NAME **John Hiram Ballew**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mattie Yates Ballew** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 11 1852** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 19 hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Cyrus W. Ballew** 13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Mary L. Shipp** 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Charles Ballew** (b) Address **Fayette, Mo.**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-1-44** (Month) (Day) (Year)
(c) Place: burial or cremation **Mexico Mo. Elmwood Cem.**

18. (a) Signature of funeral director **Ralph A. Carr** (b) Address **Fayette, Mo.**
19. (a) **10-31-44** (Date received local register) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** 45
(c) City or town **Fayette Mo.** 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30** year **1944** hour **12:55** minute **PM** M.

21. I hereby certify that I attended the deceased from **Oct 29** 1944 to _____ 19____;
that I last saw him alive on **Oct 29** 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **coronary occlusion** 1 day
Due to **sepsis**
Due to **g4a**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**
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 **fall**
23. Signature **[Signature]** (M. D. or other) **MD**
Address **Lee Hospital Fayette, Mo.** Date signed _____

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

1319

(Licensed Embalmer's Statement on Reverse Side)

10-31-44

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-20-44

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, ~~on~~ by.....

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

Signed.....

Licensed Embalmer No. 3340

P. O. Address.....

Fayette 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.