

FILED JAN 13, 1945

Registration District No. 291

Primary Registration District No. 4456

Registrar's No. 32

1. PLACE OF DEATH:

(a) County St. Clair St. Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 264 N Poplar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. 264 N Poplar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Balliett Dechard

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Hugh Dechard 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 25 - 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 2 If less than one day hr. 1 min.

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

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER
12. Name Warren H. Balliett
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Frances M. Smith
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Lampkins
(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Dec 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Dec 28 44 (b) Tom W. Nellis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1944 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 27 1944 to Feb 27 1944
that I last saw her alive on about Dec 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown.
she was found dead
and I had never
met her.
Due to It appears that she
died of heart failure
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operations 20
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? _____

While at work? _____ (Specify type of place) (g) Means of injury o

23. Signature B. L. Hansen (M. D. or other) MO
Address Appleton City Mo Date signed 12-28-44

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

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RECEIVED
City Office
Filed 1-12-45
12-44-1999

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 *Me*

On the 27th day of 1944 Dec., Registered Apprentice No. _____
working under my personal supervision.

Signed *Frank*

Licensed Embalmer No. *1099*

P. O. Address *Appleton City 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.