. S. No. 2
0M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23702

State File No.

FILED AUG 13 1945

Registration District No. 6 Primary Registration District No. 4407 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 114 W Fields Blvd.
(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) Alvie

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar Co
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 114 W Fields Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALVIE JANE BALES

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

4. Sex F. | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H Bales
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 10 (Month) 1871 (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 24
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 11, 1943 to July 24, 1943, that I last saw h alive on July 23, 1943, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	0	14	hr. min.

	Duration
Immediate cause of death: Cerebral Hemorrage	
Due to: Arteriosclerosis	
Due to: High Blood Pressure	
Other conditions (Include pregnancy within 3 months of death)	

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Theadore Garner
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Slade
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Charles Bales
(b) Address 114 W Fields Blvd El Dorado Springs Mo

17. (a) El Dorado Springs (Burial, cremation, or removal) (b) Date thereof 7/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Guyman-Fiser
(b) Address El Dorado Springs Mo

19. (a) 7/25/43 (Date received local registrar) (b) L J Dunaway (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury (Auto, R. R., or other)

Signature L J Dunaway M.D.
Address El Dorado Springs Mo Date signed 7/26/43

1044

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District No. 7-45-806
Date Filed 8-11-45

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 O B Sides

Licensed Embalmer No. 3250

P. O. Address Alpena, Mich.

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.