

FILED SEP 29 1945

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1716 S. MISSOURI AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 YEARS (Specify whether years, months or days)
In this community 42 YEARS

3. (a) PRINT FULL NAME EMMA J. BALEY

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife W. E. BALEY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 - 20 - 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 19 hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER, FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 01
(City, town, or county) (State or foreign country)

16. (a) Informant MRS HOMER HALL

(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 9-11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, MO.

19. (a) 9/15/45 (b) A. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 S. MISSOURI AVE. 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 9TH
year 1945 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan, 1943, to Sept 9, 1945;
that I last saw h. alive on Sept 8, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Bright's Disease
Due to Arterio Sclerosis & Hypertension
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) (e) Means of injury 0
23. Signature J. W. Boyer (Date or other)
Address Sedalia Mo Date signed 9/10/45

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

9-28-45

OCT 31 1945

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

Geo. Dillard

Licensed Embalmer No.

3868

P. O. Address

Sideline

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.