

FILED FEB 19 1946

Registration District No. **126**

Primary Registration District **Joplin**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
35 Inger Place /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **60 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
 (d) Street No. **35 Inger Place**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19**
 year **1946** hour **1:20** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Jan 6**
 19**46**, to **Jan 19** 19**46**
 that I last saw h **er** alive on **Jan 15** 19**46**
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Due to **Ch. myocarditis** ?
 Due to **Ch. ind. nephritis** ?

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

Major findings:
 Of operations _____
 Of autopsy _____
13/46

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?

(Specify type of place) _____
 (e) Means of injury _____
 23. Signature **Richard M. D.** (M. D. or other) **0**
 Address **Joplin Mo** Date signed **1/21/46**

3. (a) PRINT FULL NAME **ELSIE JANE BALSLEY**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Dr. Martin Toner Balsley** 6. (c) Age of husband or wife if alive **_____** years

7. Birth date of deceased **April 23, 1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation **housewife**

11. Industry or business **home**

MOTHER FATHER { 12. Name **James Sandeson** ?

13. Birthplace **Toronto, Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Mitchell** /

15. Birthplace **Zanesville, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie McCammon**

(b) Address **35 Inger Place, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 21, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Thornhill-Dillon Mort.**

(b) Address **Joplin Missouri**

19. (a) **129-46** (b) **Richard M. D.**
(Data received local registrar) (Registrar's signature)

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

46-1-71

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..... *David Millon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, Missouri*

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.