

S. No. 2
OM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13025

State File No. _____

FILED APR 22 1946

Primary Registration District No. 10.02

Registrar's No. 1666

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1313 Campbell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs.
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 Campbell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harvey Ballew
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1946 hour 6 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 18, 1941
(Month) (Day) (Year)

Immediate cause of death 1-2-3rd degree burn entire body

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 18 1/2

10. Usual occupation child

Major findings: no operations
Of autopsy no
Healed & Regenerated

11. Industry or business _____

12. Name Herbert Howard Ballew

13. Birthplace Glasgow Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Miller

15. Birthplace Brownville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Ballew

(b) Address 1313 Campbell

17. (a) burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation see above

18. (a) Signature of funeral director C. H. Blackman & Son
(b) Address Kansas City, Mo.

19. (a) 4-9-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-6-46

(c) Where did injury occur? see father's ms
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work _____ (Specify type of place) (e) Means of injury Fire

23. Signature Jamez (M.D. number) _____
Address 1424 N. 1st Date signed 4-6-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. S. Walton.....

Licensed Embalmer No. 2744.....

P. O. Address K. C. 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.