

S. No. 2
 FORM—2-43
 Rev. 5-17-39
 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13027
 1668

State File No. _____
 Registrar's No. _____

FILED APR 22 1946

Registration District No. _____ Primary Registration District No. 1002

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

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 3 years, months or days

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 6 year 1946 hour 2 minute 35 PM

4. Sex Female 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
 7. Birth date of deceased: 6 (Month) 3 (Day) 1936 (Year)

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.

8. AGE: Years 9 Months 10 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death: Burn - Charred
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: Glascow Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation: child

Major findings: Of operations 181/5
 Of autopsy no
 Physician _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name: Herbert Howard Ballew, Sr.
 13. Birthplace: Glascow Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name: Pauline Miller
 15. Birthplace: Booneville Missouri
 (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: Greenlawn

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? KE path
 (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? no (Specify type of place) (e) Means of injury: Fire

18. (a) Signature of funeral director: C. H. Blackman & Son
 (b) Address: Kansas City, Mo.
 19. (a) 4-9-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature: Paul Walker (M. D. or other) _____
 Address: 1424 N. 1st Date signed: 4-6-46

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. Walters

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.