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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24642

Registration District No. 291 — Primary Registration District No. 5992 — Registrar's No. 50

1. PLACE OF DEATH:
(a) County: Putnam
(b) City or town: Rural Lincoln Tmp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Unionville, Mo. R.R. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: nine years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Putnam
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Unionville, Mo. R.R. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Naoma Ballew
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: W. E. Ballew
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: January (Month) 19 (Day) 1888 (Year)
8. AGE: Years 58 Months 5 Days 24 If less than one day hr. min.
9. Birthplace: Schyler Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Homework
11. Industry or business:
FATHER 12. Name: Thomas Jackson
13. Birthplace: Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Naoma Neal
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: W. E. Ballew
(b) Address: Unionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Downing, Mo.
18. (a) Signature of funeral director: Thrasted & Son
(b) Address: Unionville, Mo.
19. (a) 7-25-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 1 minute P M.
21. I hereby certify that I attended the deceased from July 12, 1946 to July 13, 1946
that I last saw her alive on July 13, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemmorhage	
Stomach, Cancer of Stomach	2
Due to:	
Due to:	
Other conditions: Cardiac Valvular disease	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Yes

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)
While at work? (e) Means of injury
23. Signature: W. E. Ballew (M.D. or other) D.O.
Address: Unionville, Mo. Date signed: 7-16-46

266 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-14
Date Filed AUG-10-1946

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 Mark E. Hustead

Licensed Embalmer No. 3304

P. O. Address Monroeville, Ind.

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.