S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30915

FILED OCT 7 1946

Registration District No. 1

Primary Registration District No. 1 5700

Registrar's No. 7.

1. PLACE OF DEATH:

(a) County Livingston Co

(b) City or town Grand River Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phil. Oothe Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community All of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston 59

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Grand River Twp 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary E. Ballew

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 Widow

6. (b) Name of husband or wife John O Ballew

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept. (Month) 29. (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Engleman
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Susan Belshe
15. Birthplace Meadville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Stella Ballew
(b) Address Hale Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hale Cemetery

18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale Mo

19. (a) Sept 28-1946 (Date received local registrar) (b) Mrs Earl Doss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1946 hour 3 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 19, 1946 to Sept 26, 1946 that I last saw her alive on Sept 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism of Heart	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy	

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 2

23. Signature M. Cornett DO (M. D. or other)

Address Chillicothe Mo Date signed 9-26-46

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(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Frank E Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.