

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34090
State File No.

Registration District No. 185

Primary Registration District No. 5692

Registrar's No. 36

1. PLACE OF DEATH

(a) County Linn
(b) City or town Rural - Parson Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 57 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Laclede 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME NAROLD LYDIE BALCOM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased May 11 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 0 hr. min.

9. Birthplace Livingston Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Addison Balcom

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Elizabeth Cough

15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Balcom
(b) Address Meadorville, MO

17. (a) Burial (b) Date thereof 10-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem.

18. (a) Signature of funeral director M. J. Sharn
(b) Address Laclede, Mo.

19. (a) Oct. 13-1946 (b) Chris G. Martens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 24
46 1946 to Oct 11 1946
im

that I last saw him alive on Oct 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic tubular nephrosi s
inflammation of kidney

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

Major findings:
Of operations _____
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? _____

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

23. Signature E. J. Wen (M. D. or _____)
Address Meadorville MO Date signed 10-13

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed M. J. Shannon
Licensed Embalmer No. 2876
P. O. Address Laclede, 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.