

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 19 1947

Registration District No. 280

Primary Registration District No. 6964

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Parkville RFD = 3

(c) Name of hospital or institution: 6 miles N.E. Parkville

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution none

In this community 20 yrs

3. (a) PRINT FULL NAME Della Rose Bales

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Female 5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clate Bales

6. (c) Age of husband or wife if alive 1885 years

7. Birth date of deceased Oct 16 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Lakeville (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name Winfield Clark

13. Birthplace don't know (City, town, or county) also 7 (State or foreign country)

14. Maiden name Julia Myers

15. Birthplace don't know (City, town, or county) W. Virginia (State or foreign country)

16. (a) Informant Mrs Chas Rock

(b) Address RFD 3 Parkville Mo

17. (a) Burial (b) Date thereof Aug 1 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Island & Son

(b) Address Parkville Mo

19. (a) Sept 7 - 47 (Date received local registrar)

(b) Mrs. Ophia Rollins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte

(c) City or town Rural

(d) Street No. 6 miles N.E. Parkville

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

(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 29 to July 30, 1947

that I last saw her alive on July 29 and that death occurred on the date and hour stated above.

Immediate cause of death coronary vasculature accident

Duration

Due to coronary vasculature accident

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30

Of autopsy 30

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 J. Clark (M. D. or other)

Address Commonwealth Date signed 8/27/47

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, only

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

Signed Leland H. Francis

Licensed Embalmer No. 3457

P. O. Address Parkville 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.