

FILED DEC 11 1947

State File No.

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Vienna Mo
(b) City or town Vienna Mo
(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
In this community
years, months or days

3. (a) PRINT FULL NAME ISABELLA BALANCE

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

4. Female 5. Color or race
6. (a) Name of husband or wife Thomas Balance
6. (b) Age of husband or wife if alive years
7. Birth date of deceased Sept 4 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 30
If less than one day hr min.

9. Birthplace Marion Co. Mo
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Cam Coffey

13. Birthplace Vienna Mo
(City, town, or county) (State of foreign country)

14. Maiden name Caroline Coffey

15. Birthplace Marion Co. Mo
(City, town, or county) (State of foreign country)

16. (a) Informant Mary Copeland

(b) Address Vienna Mo

17. (a) Burial (b) Date thereof 11-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director A.C. Birmingham

(b) Address Vienna Mo

19. (a) 12-9-47 (b) Pauline Hargis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Vienna Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1947 hour 11.00 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 24
1947 to November 19, 1947
that I last saw her alive on November 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic nephritis 8 yrs.
Due to arteriosclerosis ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Means of injury

23. Signature Howard D.O.

Address Vienna, Missouri Date signed 12/3/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
San Jose File Number
Date Filed 12-10-47

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 *W. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Chicago, 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.