No. 2
8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

492

State File No.

Registration District No. 56 Primary Registration District No. 4080 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Norborne mo Egypt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 308 East Second Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Norborne mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 308 East Second Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs Hettie Bales
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May (Month) 5 (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 30 If less than one day hr. min.

9. Birthplace Ray County Missouri C (City, town, or county) (State or foreign country)
10. Usual occupation House Work at home
11. Industry or business
12. Name James L. Couch /
13. Birthplace State of Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Sarah Mullen
15. Birthplace Orick Missouri C (City, town, or county) (State or foreign country)
16. (a) Informant James E. Schible
(b) Address Norborne mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director John G Deitch
(b) Address Norborne mo.
19. (a) JAN. 6th 1948 (Date received local registrar) (b) Eileen Pennington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 TH year 1948 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 3rd 19 40, to January 4 19 48 that I last saw her alive on January 4, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, diffuse	?
Due to	
Due to	
Other conditions: Ventral hernia (Include pregnancy within 3 months of death)	5 years
Chronic myocarditis	

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 0

23. Signature Ralph E Haskell (M. D. or other)
Address 212 South Main Street Norborne, Mo Date signed 1-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 1-14-48

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 John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.