

FILED MAY 17 1948

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Sale Memorial Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. .... (Specify whether  
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 310 North Lincoln 0  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Henry Stephen Bales

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1948 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from May 1  
1948 to May 20 1948  
that I last saw him alive on May 1 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Bales 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 24, 1874  
(Month) (Day) (Year)

Immediate cause of death Congestive Heart Failure

8. AGE: Years Months Days If less than one day  
73 8 8 hr. .... min.

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

9. Birthplace Rosehill Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Book Keeper

11. Industry or business Newton Co. Fruit Growers Assn

MOTHER FATHER  
12. Name Joseph Bales

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

14. Maiden name Jennie Edmondson

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: None  
Of operations None  
Of autopsy None

16. (a) Informant Lula Bales  
(b) Address 310 N. Lincoln, Neosho Mo.

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) (a) Means of injury 0

17. (a) Burial (b) Date thereof 5-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macidonia Cemetery

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Missouri

19. (a) May 3 1948 (b) Meldin C. Bowman  
(Date received local registrar) (Registrar's signature)

23. Signature James H. Carter (M. D. or other)  
Address Neosho Mo Date signed May 3 1948

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

**RECEIVED**

District Health Officer No. Newton  
District File Number 544-301  
Date Filed 5-14-48

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**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.....

*Corley Thompson*

Licensed Embalmer No. 3259

P. O. Address Newark 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.**