

FILED AUG 14 1948

Registration District No.

374

Primary Registration District No.

4346

Registrar's No.

1. PLACE OF DEATH:

- (a) County North
(b) City or town Denver MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 20 yrs

3. (a) PRINT FULL NAME SARAH MARGARET BALES

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

4. Sex 7 1 5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Jonathan Bales
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan 23 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Chuckey Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Pickering

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

14. Maiden name Sarah Simmons

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

16. (a) Informant George Bales

- (b) Address Grant City MO

17. (a) Burial (b) Date thereof July 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Grant City MO

18. (a) Signature of funeral director Bram Bros

- (b) Address Denver MO

19. (a) August 4 1948 (b) Reta E. Dawson
(Date received local registrar) (Registrar's signature) 345

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County North
(c) City or town Denver MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 6 minute 15 PM

21. I hereby certify that I attended the deceased from March 2 1948 to 7-21 1948
that I last saw her alive on July 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Intestinal reflux
Duration 1 yr

Due to ✓

Due to ✓

Other conditions. (Include pregnancy within 3 months of death) 13/6

Major findings: Of operations ✓

Of autopsy no

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) (c) Means of injury

23. Signature Reta E. Dawson (M. D. or other)
Address Grant City MO Date signed 7-22-48

SEP 11 1948

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.....

Licensed Embalmer No. *2947*

P. O. Address *Denver, 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.