

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32129

State File No. _____
Registrar's No. 354

Registration District No. 43 Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County not known
(c) City or town Dallas
(If outside city or town limits, write "RURAL")
(d) Street No. 4007 Bowser
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hasie Balyeat
3. (b) If veteran, name war _____
3. (c) Social Security No. 475-03-0365

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Oct. 19 1889
(Month) (Day) (Year)

8. AGE: 59 Years Months 0 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Representative

11. Industry or business Shoe Manufacturing

12. Name Frank Balyeat
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Eva Hasie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. C.B. Knox
(b) Address Archer, Texas

17. (a) Removal (b) Date thereof 10-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Missouri

19. (a) 10/27/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 19, day 19, 1948
year 1948 hour 9:45 minute 0 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Due to Fracture pelvic bone rupturing bladder
Due to Fracture left leg and internal injuries
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
Duration _____
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) Accident
(b) Date of occurrence Oct. 19, 1948
(c) Where did injury occur? Poplar Bluff, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. state Highway #67
(Specify type of place) (e) Means of injury Hit by truck
While at work? _____
22. Signature Greer Croy & Fitch (M. Reasoner)
Address Poplar Bluff, Mo. Date signed 10/20-48

RECEIVED

District Health Office No. 2,

District File Number 10-48-1388

Date Filed 10-25-48

NOV 23 1948

SEP 13 1949

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.....

Russell A. Laughlin, Registered Apprentice No. 233
working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.