

No. 2
12-45
5-17-39
X47070

FILED OCT 27 1947

Registration District No. **59**

Primary Registration District No. **5219**

Registrar's No. **160**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Carroll Campbell**
(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 _____ (Specify whether)
In this community **1 year**
years, months or days

3. (a) PRINT FULL NAME **LEWIS M. BALES**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Alice Bales** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 9 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **11** If less than one day hr. min.

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

10. Usual occupation **Real Estate Agent - Retired**

11. Industry or business

12. Name **Hiram Bales**

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

14. Maiden name **Emma Land**

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

16. (a) Informant **Mrs. Alpha Jones**

(b) Address **Pathway, Mo.**

17. (a) **Burial** (b) Date thereof **Oct 23-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clinton Mo**

18. (a) Signature of funeral director **RUNNENBURGER'S**

(b) Address **HARRISONVILLE, MO.**

19. (a) **Oct. 22-1947** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Carroll Campbell**
(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 **Oct** day **20**
year **1947** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June**
_____, 19**47**, to **Death**, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
arteriosclerosis
Due to _____
Due to _____

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: **83A**
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) (e) Means of injury _____

23. Signature **Harry B. Neumann** (M. D. or other)
Address **Harrisonville Mo** Date signed **10-22-47**

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

MOTHER FATHER

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

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 Ernest Runnenburger
Licensed Embalmer No. 33680
P. O. Address Harrisonville, 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.