

FILED MAR 16 1942

Registration District No. _____

Primary Registration District No. 5773

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carroll "Walden" Ford
(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 _____
In this community several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural "Walden"
(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 _____

3. (a) PRINT FULL NAME

Berdie M. Ballew

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 26 1942 to February 26 1942
that I last saw he alive on February 26 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. H. Ballew
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 7 1893
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to 83a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:

Of operations _____

Of autopsy _____

Duration

?
2

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 _____

23. Signature J. H. P. [unclear] (M. D. or other) [unclear]
Address Carrollton, Missouri Date signed 2/26/42

8. AGE: Years 48 Months 5 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Levinwood Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Wm Dawson

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

14. Maiden name Emmella [unclear]

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

16. (a) Informant J. H. Ballew

(b) Address Carrollton, Mo. P.F.D.

17. (a) Rural (b) Date thereof 3-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hale Mo.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton, Mo.

19. (a) 2-28-1942 (b) Max James Ruffely
(Date received local registrar) (Registrar's signature)

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

17
9

1053

RECEIVED

District Health Officer No. 8,

MAR 20 1942

File Number.....

Filed 3-13-42

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N.C.

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.