

FILED AUG 6 1943

Registration District No. 4077

Registrar's No. 24

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

17
6
0

1. PLACE OF DEATH (Cayrol)
 (a) County...
 (b) City or town... Hale
 (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 _____
 In this community 70 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 17
 (a) State Missouri (b) County Cass 6
 (c) City or town Hale 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mollie Topps Ballou
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 19
 year 1942 hour 7 minute 30 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Andrew Ballou 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 20 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2, 1942, to April 17, 1942 that I last saw her alive on April 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Heart Disease 5 yrs

8. AGE:	Years	Months	Days	If less than one day
	81	0	29	hr. min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 938

10. Usual occupation housewife
 11. Industry or business _____
 12. Name James H. Toppos
 13. Birthplace Indiana 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Marilda Seeley
 15. Birthplace Indiana 1
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Phas Ballou
 (b) Address Hale Mo.
 17. (a) Burial (b) Date thereof 7-21-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hale Cemetery

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? _____

18. (a) Signature of funeral director Frank E. Butler
 (b) Address Hale Mo.
 19. (a) July 2 1942 (b) Mrs. Edgar Smith
 (Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Dr. A. D. White II (M. D. or other) P.O.
 Address Hale, Mo. Date signed 7-20-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-5-42

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 James E. Slater

Licensed Embalmer No. 937

P. O. Address 116 4th

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.