

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 15 1944  
Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Braymer Rural Braymer Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bay

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Braymer Rural 0  
(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 \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Charley Ballew

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 23 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>1</u>	<u>1</u>	hr. _____ min.

9. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name G.W. Ballew

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

14. Maiden name Not known

15. Birthplace \_\_\_\_\_

16. (a) Informant Mrs. Leta McComis

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof June 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Little Union

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Richmond, Mo.

19. (a) June 26 44 (b) Geo. S. D. Dorewell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 21-44  
June 23 1944, to June 23 1944  
that I last saw him alive on June 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 5 years  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis ?  
(Include pregnancy within 3 months of death)

Major findings: 43A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Geo. S. Dorewell (M. D. certifier)

Address Braymer, Mo. Date signed 6-29-44

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

89  
0  
0

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number -----  
2-12-47

Date Filed -----

JUL 18 1944

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, on July 17 1944

Registered Apprentice No. -----

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.