

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14028
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 388
 (c) City St. Joseph, (d) Street No. 1416 Dewey Avenue, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 58 yrs. 4 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ethel May Ballenger,
 (a) Residence, No. 1416 Dewey Avenue, St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR
Divorced (write the word)
Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Cort M. Ballenger,
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1
58 4 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of
 work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work
 was done, as saw mill, bank, etc.
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
 (STATE OR COUNTRY) Missouri,

FATHER 13. NAME James T. Garrett,

14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Georgia,

MOTHER 15. MAIDEN NAME Amelia Rowbotham,

16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) New York,

17. INFORMANT Cort M. Ballenger
 (ADDRESS) 1416 Dewey Avenue,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cem. DATE April 6th, 38

19. FUNERAL DIRECTOR Horton-Bell & Bacon
 (ADDRESS) 319 South 10th Str., Funerals

20. FILED April 6, 38 A. J. Nettleburst
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1938 to April 4, 1938

I last saw her alive on April 4, 1938 Death is said

to have occurred on the date stated above, at 11:09 m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
of heart - with
occlusion
9.4 lbs.

Date of onset

4/4/38

Other contributory causes of importance: -
arteriosclerosis general
Chr. Bronchial asthma 1930

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. G. Thompson, Jr., M. D.

(Address) 815 Charles Street

1951 F. NOST

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Apr. 4, 1951

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)