

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21207
Do not use this space.

1. PLACE OF DEATH 2

(a) County Boone Registration District No. 77

(b) Township Maple Primary Registration District No. 5-113-E

(c) City McBain (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MABLE HELLEN BALLENGER

(a) Residence, No. _____ 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>18</u>	<u>2</u>	<u>12</u>	<u>12</u>	

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. 7

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) McBain (STATE OR COUNTRY) Missouri

FATHER

13. NAME Ernest Ballenger

14. BIRTHPLACE (CITY OR TOWN) McBain (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mable Hickam

16. BIRTHPLACE (CITY OR TOWN) McBain (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ernest Ballenger
McBain Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE McBain Mo. DATE 6-7-40

19. FUNERAL DIRECTOR (NAME) Stuart S. Parker (ADDRESS) Columbia Mo.

20. FILED June 29, 1940 Miss Suris Ward Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to June 3, 1940

I last saw her alive on June 3, 1940 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Bilateral Pulmonary Tuberculosis Date of onset 2-1-38

Other contributory causes of importance: 72

Name of operation _____ Date of _____

What test confirmed diagnosis? ray Was there an autopsy? no

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) James M. Baker, M. D. (Address) Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Stewart P. Parker

Licensed Embalmer No. *2900*

P. O. Address

Columbia, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 21207

Registration District No. 77

Primary Registration District No. 5-115-C

Registrar's No. _____

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

1. PLACE OF BIRTH:

(a) County Boone
(b) City or town Missouri T.P.
(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 _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Heleen Marie Ballenger

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

4. Sex 7 5. Color or race negro 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 (Month) (Day) (Year)

8. AGE: Years 18 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Mc Baine Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ernest Ballenger
13. Birthplace Mc Baine Mo (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Mabel Hickman (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Ballenger
(b) Address Mc Baine Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) June 29 (b) Miss Lucie (Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town McBaine (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 4 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis Duration 2-3

Due to _____

Due to _____

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

Major findings: 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 _____

Signature James M. Baker (D. or other) _____
Address Columbia Date signed _____

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

